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THIRTY YEARS OF FEMALE LIFE.

A TREATISE

ON THE

Diseases of Females,

INCIDENT TO THIS PERIOD,

WITH THEIR

CAUSES, SYMPTOMS AND TREATMENT;

INCLUDING THE

THEORY OF CONCEPTION,

AND THE

SYMPTOMS OF PREGNANCY.

BY L. H. LINES, M. D.

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TO WOMAN,

WHO, WITH PATIENT SUFFERING

AND TENDER CARE WATCHES OVER OUR INFANTILE

HELPLESSNESS, THIS LITTLE VOLUME IS

RESPECTFULLY DEDICATED BY

THE AUTHOR.

THIRTY YEARS OF FEMALE LIFE.

For ages past the practice of medicine has been shrouded in mystery, and physicians generally, at the present day, imitate their ancient brethren in withholding from the people that information they alone can give. There are, however, a few—too few—honorable exceptions; and among them we can, with pleasure, refer to Dr. E. J. Tilt, an eminent European physician, and of our own country, Prof. Meigs, of Philadelphia, whose candor is only equaled by his skill in the healing art. Dr. Meigs says, in regard to this subject, that "our fault consists in the concealment within our own breasts of a great amount of communicable information, which it is our duty to pour forth into the public mind, and which we should certainly diffuse, spread abroad, and make vulgar or common, but for our clerkly or clergyable pride. The Doctors have an idea that their knowledge cannot be imparted to the world, and that it is better in fact that the world should not be possessed of such recondite information as theirs." And in another passage, "I say, then, it is our stupidity and our remissness that work evil to the people, redounding to our own hurt also; for there is no person, endowed with a good share of common sense, to whom we could not address, through that

common sense, a reasonable and plain statement of the facts of his case, the probabilities as to its course, duration and end ; with an enumeration of the safest, most convenient and certain processes of its cure."

"Imagine such a person, well informed, and you have the idea of a patient the most docile, the most exact in therapeutic and hygienic obedience ; the most confiding in your skill, and the most grateful for your intervention in his behalf. Would that all our brethren in this land might adopt views like these. With their united force of intellect, character, beneficence and social station, it would be but a short time ere the diminished head of charlatanism, under whatever disguise, would be found only to lift itself up among the most ignorant and abject portions of the population, instead of riding, as it does to-day, with chariots and with horsemen, a shame to the intelligence of the age, and a perpetual eye-sore to the lover of truth and contemner of every species of imposture. Let us explain ourselves, then, to the people, whose cry is, 'what do you mean ? What do you mean' ?"—*Meigs on Diseases of Women page* 36 *and* 42.

This reserve on the part of physicians is carried so far that it is often the case that instead of getting any information as to the nature of the remedies the patient is swallowing, hour after hour, and day after day, even the name of the disease is not communicated. "What does the doctor say the disease is ?" a friend inquires of the patient, or some member of the family. "He has not told us," is the

reply ; they are sick, and must take whatever the physician orders, and ask no questions." How different the course pursued by the Empyric, who, although ignorant even of the first principles of medical science, has managed to pick up a smattering of medical terms with which he expatiates, in his jargon, on the cause and symptoms of disease and the wonderful effect of the remedies he uses.

The people being uninformed in regard to these things by physicians capable of giving correct information, they receive the explanations imparted to them by the charlatan as correct teachings, and regard him, in too many instances, as a very learned man, when his explanations have been merely a confused and jumbled peversion of facts.

It is not the fault of the people that they are ignorant of the best mode of preserving their health, the effect of symptoms and nature of remedies necessary to cure them when sick ; on the contrary, they are anxious to obtain information on these subjects : hence it is too often the case that the intelligent physician is set aside because he has not imparted to them that information they are entitled to receive ; and the empyric who talks with them on these subjects, as they think learnedly, is installed in his place because they are not prepared to discriminate between the learned physician and the ignorant pretender. Physicians are the conservators of the public health ; the people look to them for advice, and go to them for counsel in their hour of affliction, and when prostrated on the

bed of sickness, hope for a restoration to health through their skill, in the use of means. Their sphere of usefulness is not alone in administering to the requirements of the sick, but in communicating from their rich store of knowledge, correct information in regard to the cause of disease, the nature of the treatment, the best mode of preserving the health, the importance of attending to the first appearance of abnormal action, and the serious consequences of neglecting apparently trifling symptoms. When they do this, the true physician will occupy his true position ; the people will be capable of discriminating between true and false explanations, and protected from the extortions of the unprincipled impostor. Believing as we do, that much good can be done by imparting correct information in regard to the causes, symptoms, and treatment of diseases in all their varied forms, we shall pursue such a course in the following chapters of this treatise on the diseases of females.

There is certainly great need of something being done to improve the physical condition of women and mitigate their sufferings ; and in what better way can this be accomplished than by imparting to them correct information in regard to the causes, and symptoms of diseases with which so many of them are afflicted at the present day. If they know the cause and the effect of symptoms. they will see the importance of attending to slight deviations from a healthy condition, and not wait until the disease has made such fearful havoc with the vital

functions that a restoration to health, when they do apply for relief, is sometimes impossible.

Many of the complaints so common amongst females at the present day are apparently of a trivial nature at their commencement; some slight deviation, at first, of the natural functions of the organism, which, by being neglected, assume a serious character; it is in this way that a life of suffering frequently commences. The importance of attending to the first appearance of abnormal action cannot be too strongly impressed upon the minds of women, who, in many cases, suffer a disease to gain a firm hold upon the system, thinking that the symptoms are only such as all women experience, and make no complaint.

With the treatment before them made plain and comprehensive, and, at the same time, such as a judicious physician would recommend, they will be able, by a timely recourse to the proper remedies, to improve their health and prevent much suffering; or if the complaint has assumed such a form that it would not be prudent for them to take it in hand, they will see the necessity of consulting a physician capable of treating the case successfully.

The want of information amongst females in regard to their diseases works evil to themselves and the profession; to themselves, in placing too light an estimate on the first symptoms of ill health, which, in too many instances, permits a disease, with all its attendant suffering, to run on until it is very difficult and sometimes impossible to cure.: to the profes-

sion, in placing confidence in ignorant pretenders, who cannot understand their complaints or know anything of the proper course of treatment required in their case. By carefully studying the following pages they will understand what is necessary to be done, even if the case is beyond their reach, and the importance of faithfully attending to the use of remedies to effect a cure.

CHAPTER II.

THE FEMALE ORGANS.

There is, probably, no subject connected with medical practice of more importance, or invested with greater interest, than the diseases of females. In this treatise on the diseases of the female organism, I shall endeavor to present the subject in a plain yet systematic form, avoiding, or explaining as much as possible, professional terms, in order that all may be able to comprehend the meaning. In investigating any subject, there must be a starting point, and in order to obtain a knowledge of those organs destined to play so important a part in female life, it will be necessary to give a description of their location, and relation to other parts of the system, beginning with that part of the body called the pelvis. This is a large, bony cavity composed of four bones ; two constituting the back part of the pelvis are called the sacrum and coccyx, and are a continuation of the spine. The other two bones of the pelvis are

situated at the sides and in front ; these are the hip bones, to which the thigh bones are attached. The four bones of the pelvis are so arranged and united as to form a basin or cavity, open at the upper and lower portion, containing some portions of the small intestines, the bladder, uterus (with its nerves, blood vessels and appendages), the rectum, and important blood vessels and nerves distributed to the lower extremities. The uterus, or womb, is situated be-

A The Spine. B Rectum. C Womb. D Bladder. E Vagina.

tween the bladder and rectum ; the vagina or front passage is a somewhat curved canal about five or six inches long, leading to the womb. In the virgin state the vagina is generally closed, or nearly so, by a thin membrane called the hymen, which is destroy-

ed by the first act of sexual intercourse after marriage, producing a show of blood, or it may be so firm and unyielding that considerable hemorrhage occurs, and severe pain is experienced. Although this membrane is considered a mark of virginity, yet its absence does not prove incontinence, as it may be destroyed by disease, by professional examinations of the parts, or it may not exist at all, as has been proved, soon after birth, in many instances. The form of the womb is pear shaped, considerably flattened from front to back; from two and a half to three inches long, and about one inch and a half broad across the upper portion; the lower part or neck of the womb is much smaller than the upper portion, being hardly one inch in thickness. The os uteri, or mouth of the womb, is a small opening in the neck of the womb through which the monthly periods flow. In some cases the mouth of the womb, or the passage through the neck of the organ, is closed by a membrane or adhesion, which prevents the monthly flow from escaping. Before impregnation the weight of the womb is about one ounce. It is abundantly supplied with nerves and blood vessels. The appendages of the womb are the round and broad ligaments, the fallopian tubes and ovaries. The broad ligaments are attached to the upper portion of the uterus, and are a continuation of the serous membrane, which lines the cavity of the abdomen. The fallopian tubes are situated one on each side of the womb, at its upper portion, enclosed in the broad ligaments, and are four or five inches in length,

terminating in a fringe like appendage. The ovaries are two oblong oval bodies, somewhat flattened, about one inch in length and half an inch in breadth and thickness, situated one on each side of the womb, a little more than an inch from that organ, partially enveloped in the broad ligaments, and slightly connected with the fimbriated extremities of the fallopian tubes. They are supplied with nerves and blood vessels, and their structure consists of numerous vesicles imbedded in a soft fibrous structure. From between the folds of the broad ligaments, a little in front, and below the fallopian tubes, the round ligaments arise ; they branch off from the womb, and pass out of the pelvis near the groins, where they branch off and are inserted into the tissue of the external labia and mons veneris. The female generative organs are divided into internal and external ; the former are contained within the pelvis, and have been described ; the external organs are the mons veneris, labia majora, labia minora, clitoris, meatus urinarius and hymen. As previously stated, the entrance to the vagina or front passage is usually closed in the virgin state, by a delicate membrane called the hymen, in which there is a small opening for the passage of the monthly flow. The labia majora and labia minora are the larger and smaller lips, closing the external opening or front passage ; the external surface of the labia majora are covered with hair. The mons veneris, or mont de vénus, is a more or less projecting eminence at the lower part of the abdomen, which like the labia majora is, at puberty,

also covered with hair. On separating the labia or lips of the vulva, the orifice of the urinary passage is brought to view. The clitoris is a small elongated body, situated a little above the orifice of the urinary passage. It is the clitoris, when greatly enlarged by diseased action, that has given rise to the term hermaphrodite.

CHAPTER III.

MENSTRUATION.

At the age of puberty, the great drama of female life is ushered in by the action of the internal organs of generation, producing the monthly flow, proving that she is capable of fulfilling one of nature's greatest gifts—the propagation of the species; and like the change of life at a more advanced age, the commencement of menstruation is an important and critical period for the young female. "The age of puberty is distinguished by a series of changes as remarkable in the effect which they produce upon the character, morally and physically, as their operations are important to the animal economy. They are more or less strongly marked in every case; and from the circumstance of this period having been at all times regarded as one pre-eminently favorable to the propagation of new forms of disease, or the development of those, the latent germs of which already exist, it is usually anticipated with the greatest anxiety. Before the first appearance of the menses, and after their ces-

sation, the female constitution differs but slightly from that of the male in its susceptibility to morbid action, or in the character of the disease by which it may become affected. On the approach of puberty, the body undergoes a notable alteration in its growth and development. The stature in the majority, though not in all instances, is fully attained by the time the crisis is accomplished; but the change exhibited in its other proportions, is especially striking. The chest becomes full and expanded, the breasts are more prominent, the nipples perceptibly enlarged and irritable, and the neck, throat, limbs and features are more plump and rounded. The growth of hair and the cutaneous tint participate in the general metamorphosis; and the voice acquires a full, mellow and more sonorous intonation. It is now that the female figure acquires that exquisite elegance of symmetry, the complexion its peculiar bloom of health and beauty, and each feature that speaking brilliancy of an expanded intellect, often joined with an artless simplicity and an indescribable gracefulness of action, which, of all nature's productions, are to be found united in woman alone. Evidences of these changes are often detected many months—sometimes years—before puberty; but more commonly they occupy a much shorter period, the lank figure and unrestrained movements of the girl being changed, in the space of a few months, into the finished form and reserved manners of conscious womanhood."*

*Whitehead on Abortion and Sterility, page 34.

"Previous to the first appearance of the menses and during their flow, the complexion, especially in lymphatic or bilious subjects, sometimes assume a sallow or greenish tinge, and the eyes are surrounded by a dark areola; these appearances, which are noticable in a greater or less degree ever afterwards, are generally the result of functional difficulty at the commencement of menstruation, and for the most part are associated with a languid circulation through the veins, and a low nervous power. The skin is particularly liable, at this crisis, to eruptive disease, coming on with the other indications of puberty, and not unfrequently continuing to disfigure the features for several years. The boil and the irritable pimple, are the most common of these affections." "The manner of the individual is perceptibly altered; she evinces a disinclination to share in her accustomed enjoyments and exercises; she is languid and listless, often reserved and fretful; the appetite is capricious, the secretions vitiated, the bowels irregular, the sleep disturbed and unrefreshing. Pain in the back and head, and sense of fulness and weight of the abdomen supervene; accompanied, not unfrequently, with heat, and a troublesome irritation about the lower part of the person. Often these symptoms are but slight and transitory, being soon relieved by the vaginal discharge, which after continuing a few days, subsides, and the health is speedily restored. The discharge does not always, at first, presents the true character of menstrual blood, being at times merely a thin

mucous or serous fluid, transparent, or but slightly colored, assuming at each succeeding period more of the normal appearance, which it acquires only after several repetitions. It is not always, however, that this desirable end is so opportunely accomplished; on the contrary, it may be long protracted, and symptoms of disease become more decidedly manifest Excessive languor, drowsiness, violent pain in the head, along the spine, and around the lower region of the abdomen and pelvis, with alternate rigors and feverish reaction, clearly indicate a loss of balance in the circulatory and nervous systems, which, if not timely remedied, must inevitably lead to injurious consequences. These symptoms are occasionally aggravated by exposure to a cold or damp atmosphere, over exertion, anxiety, disappointment, and other causes; and mischief of a serious, often of a lasting nature is the result. Such a consummation is the more to be dreaded if the individual has previously suffered under organic inflammatory affections, or if she inherits a tendency to maladies of a specific nature. These disturbances may exist for months or years before menstruation can be brought about, and they not unfrequently terminate in fatal organic diseases."*

The phenomena of menstruation, which has been so graphically described by the author just quoted, may be perverted, by an imprudent course pursued by the girl, not knowing how to take proper care of herself at this critical period; "who, taken

*Whitehead on Abortion, and Sterility, page 35.

by surprise, is either in total ignorance or is insufficiently prepared to adopt such means as will favor its establishment, and ensure its due reappearance. If mothers, independently of professional assistance are, from ignorance, unprepared to give their daughters advice at this period, or if they withhold it from mistaken notions of delicacy, the most serious consequences may ensue. It may be said, that it is only in the lower classes that girls are kept in darkness relative to what is of so much importance ; but this is by no means the case. The same bad management equally prevails in the middle and higher classes of society. Girls in affluent circumstances and well educated, in other respects, are, I know, often taken by surprise at the first appearance of this function. Mothers, who in other respects act judiciously, will not condescend so far to bow down to the infirmities of their nature, as to give the necessary advice to their daughters."*

They need advice from some one, and who can impart it with greater propriety than a mother? There is, also, an important duty devolving upon physicians in this matter. In attending to the business of their profession, they should impress upon mothers the importance of speaking freely with their girls in regard to the important function of menstruation, and also to impart such information to the mother as she may require on the subject, as many a one, anxious about the welfare of her child, has resorted to means to assist nature, because

*Tilt on Health of Women, page 21.

the girl was old enough, yet had not become regular, without taking into consideration a more important fact than her age, that of general health and development. "We too often call to mind, with bitter recollections, the fate of a most amiable, interesting young creature, for whom we were requested to prescribe for the expected menses, but who had not one mark that could justify an interference, more especially as she was in perfectly good health. 'She was fifteen; it was time'; and this was all that could be urged by the mother in favor of an attempt 'to bring down the courses.' We relied too much on the good sense of her anxious parent, and freely explained ourselves to her. She left us apparently satisfied with our reasoning, and we heard nothing more of the child for six months, when, on being suddenly summoned to attend her, we found her throwing up blood in considerable quantities from the lungs, of which disease she died in a few days. The distressed mother told us, that though she appeared satisfied with what we had said, she felt convinced that we were wrong, and that her daughter's health required the immediate establishment of the menstrual evacuation. With this view, she determined upon trying a quack medicine of some celebrity in similar cases. She gave it according to the directions, and in a few days her daughter became feverish, lost her appetite, and suffered from nausea; her strength gradually diminished, and she was soon confined to her bed. The mother called in the quack doctor, who encouraged her to preserve, by

telling her the fever was an effort of nature for the end proposed. She persevered, and in a few days lost an only and lovely daughter. We examined the medicine which had been administered, and it proved to be oil of Savin." *

Because a girl has reached her fifteenth or sixteenth year without becoming regular, does not prove that she requires active cathartics, or forcing medicines like savin, tansy, and others of this class. The age of the girl is of little value in pointing out the course of treatment necessary to be pursued, this must be determined by inquiring into her general health. If she is in a weak, debilitated condition, the countenance pale, bowels irregular, appetite variable, and the blood in an impoverished condition, which is generally the case in tardy menstruation, every effort to bring on the show by forcing medicines will only do her harm ; build up the weak organism with iron, and other tonics, healthful exercise and generous diet, with gentle cathartics to regulate the bowels, and menstruation will follow, if the proper organs exist for performing this function ; or if they have become properly developed. If the general health is good, it is rarely necessary to interfere further than to insist on plenty of out door exercise ; and if the bowels are constipated, gentle laxatives. A female menstruates because the proper organs have reached that state of development which enables them to perform this function ; also because the system is in a condition to spare

*Dewees Midwifery, page 133.

this monthly loss of blood from the circulation, not only without injury, but with positive benefit. What folly then, when one or both of these conditions are defective, to administer forcing medicines while this abnormal condition continues. The age at which a female first menstruates differs considerably in the same latitude as a general rule, however, in this country, it first makes its appearance about the fifteenth year. In countries much north of this, or far south, it is said to commence much later in life, or earlier, as the individual may be located north or south. Anomalous cases exist here, of menstruation occurring much before the usual time. Several instances are recorded of the show commencing before the fourth year. One in New Orleans, of a girl born with the marks of puberty and menstruated at three years of age: another occurred in Kentucky ; in this instance, the show commenced when the child was only one year old ; and at ten years of age she was delivered of a full grown child. Menstruation is sometimes tardy in its appearance, not commencing until the twenty-third or twenty-fourth year. The character of true menstrual blood differs somewhat from blood taken from a vein in the arm ; and one of its peculiarities consists in its not coagulating, or forming clots ; exceptions to this rule are generally cases of abnormal menstruation. The reason assigned for this peculiarity of menstrual blood is, that the mucous membrane of the vagina secrets an acid fluid or mucous ; that as the blood in healthy menstruation passes out of the mouth of the

womb and enters the vagina; it is mixed with the acid mucous, and thereby prevented from forming a clot. The effect of the vaginal mucous on the menstrual blood also acts as an antiseptic, in preventing it from assuming a very offensive odor, which it, would acquire while it remained in the vagina were it not for this peculiarity of the vaginal secretions. "If the power which presides over the elaboration of this antiseptic principle were for a time suspended, and the purposes which it serves remain unsupplied, the secretions" menstruation "would be constantly liable to thicken, accumulate, and putrify, giving origin to disturbances of the most unmanageable character."*

The menstrual discharge does sometimes assume an offensive odor, but this fact does not militate against the theory just advanced, as the peculiar action of the vaginal mucous may be counteracted by the menstrual discharge being in too great abundance, or the lining membaane of the vagina may not secrete the usual amount of this peculiar fluid from some abnormal condition; there may be other causes, also, to counteract its influence. The length of time usually occupied at each menstrual period is from three to six days; four or five days may be taken as the rule. It is liable, however, to considerable variation, not only amongst different females, but with the same woman at different periods. It also varies very much in quantity according to the temperament and state of health of the individual.

*Whitehead on Abortion and Sterility, page 153

"As a general rule, persons of the bilious or lymphatic bilious temperament have the menstrua in greatest abundance and continued for the longest period; those of the sanguine temperament the contrary. This may be owing, in some measure, to the free cutaneous transpiration generally observed in the last named class of persons. In lymphatic subjects, the discharge is usually abundant, but varies considerably, and is doubtless influenced materially, by the amount of leucorrhœal discharge voided in the intervals, to which affection this temperament predisposes more perhaps than any other."*

Menstruation usually occurs every twenty-eight days, or lunar month, and from this circumstance it was formerly supposed that this function was influenced by the moon, but that theory has long since been refuted; for we find females menstruating every day in the month. Twenty-eight days is the general rule, yet the periods may be farther apart, or occur every two or three weeks, without any apparent injury to the constitution; in many cases the quantity lost being of more importance than the frequency of its appearance, as some would lose a larger quantity who menstruated ouly once in four or five weeks, than others who were regular twice a month. The quantity usually lost at each menstrual period is about six ounces, in some cases it is considerably more than this, in other cases much less. It is the opinion of most writers on the subject, that not only the time of its first appearance, but also the

*Whitehead, page 39.

quantity lost is influenced by climate ; the probability is, however, that the habits of life and peculiarities of constitution have as much influence in this matter, if not more, than climate.

CHAPTER IV.

OBSTRUCTED MENSTRUATION.

This complaint manifests itself under a variety of forms, which may be divided into two classes ; first, where the female, having attained a suitable age, has never menstruated. Second, where the courses, having been regular for a longer or shorter period, are suppressed before the time for the final cessation of this function, and unconnected with pregnancy or nursing.

In regard to the cases included in the first class, menstruation may be prevented from making its appearance from a want of development, or absence of the ovaries, or womb, closure of the passage through the neck of the womb, adhesion of the vaginal walls, closure of this passage by an imperforate hymen, and from tardy puberty. If the ovaries and womb are both absent, menstruation cannot take place. Where the womb is absent, and the ovaries exist in full development, the menstrual flow may take place from the stomach, rectum, or other parts of the system. If only one ovary exists, menstruation may occur as though both organs existed.

The ovaries being the principal organs concerned in the phenomena of menstruation, if they have never existed, or if destroyed by disease, or removed by an operation previous to the age of puberty, the effect upon the female form is usually very marked. The person assumes a more masculine form, the breasts are not developed, the voice is harsh and masculine, hair often grows upon the chin, and the body does not develope into the symmetrical form of womanhood. The menstrual secretion may occur regularly every month, yet not make its appearance externally, in consequence of the vagina or passage through the neck of the womb being closed by adhesion, false membrane, or imperforate hymen. Under such circumstances, the courses gradually accumulate in the womb, until it becomes greatly distended. The general health becomes greatly affected, the patient complains of pain in the back and loins, which, at first, is increased at each monthly period, but afterwards becomes more constant; the appetite fails, the bowels are constipated, the abdomen tender, and the patient becomes pale, thin and exhausted, and if not relieved by art, a rupture of the womb, followed by fatal results, may occur. If the mouth of the womb is closed by a membrane, or the passage through the neck of the womb is closed by adhesion, an artificial opening may be made with the trocar, which should be prevented from closing again, by introducing, from time to time, a bougie of suitable size, until a permanent opening is obtained. As soon as the womb is opened, the retained courses

escape, and as the most fluid portion is generally absorbed before the operation, that which escapes is quite thick and of a very dark color. Puncturing the womb through the rectum has been resorted to, where it could not be reached by the vagina. When there is adhesion of the vaginal walls, a passage has been made by gradually tearing the parts asunder; an artificial vagina has also been formed with the knife, the new passage being prevented from again adhering, by introducing a piece of sponge or roll of soft linen, until the parts have healed. If the hymen is so dense that it cannot be ruptured with the end of the finger, a knife is used. After making these artificial openings, the parts are to be syringed out occasionally with warm water, or mucilaginous injections. If inflammation supervene, general bleeding may be required; also opium, leeches to the parts, cold lotions or hot fomentations. The bowels should be freely evacuated and kept open by saline apperients. The after treatment consists in restoring the general health, by some preparation of iron, quinine, and other tonics; a generous diet and exercise in the open air. The menstrual fluid accumulating in the womb has, in some cases, caused morning sickness, enlargement of the breasts, with secretion of milk, and other symptoms of pregnancy; and persons laboring under obstructed menstruation have not unfrequently been charged with being pregnant. In other cases, the courses are absorbed during the intermission between the periods, without producing any serious inconvenience.

"The mere circumstance, indeed, of a girl having passed the age at which menstruation usually appears, without performing that function, is not of itself a reason for medical interference. The date of puberty varies very widely, and one woman may menstruate at ten, and another at twenty years of age, without the health of either being of necessity impaired. Usually, the absence of menstruation in otherwise healthy young women, is associated with the absence of some of the other signs of puberty, indicating a generally tardy sexual development, just as, without apparent cause, one tree will produce blossoms, and bear fruit later than another. This, however, is not always the case, and instances are sometimes met with of persons in whom pregnancy has preceded menstruation, completeness of sexual power having existed, though not manifesting itself by its ordinary sign."*

Cases of obstructed menstruation from malformation of the organs, or mechanical obstruction, are only occasionally met with, but the non-appearance of the courses at the usual time, from tardy puberty, associated with a debilitated condition of the system, is of common occurrence; the girl arrives at the age of puberty physically unprepared for the change, which is apparent from her bloodless countenance and other indications of ill health, recognized by the term chlorosis, which is frequently attended with serious constitutional disturbance, and requires a

* West on Diseases of Women, page 36.

thorough course of tonic and invigorating treatment. Cases occasionally occur, where the menstrual flow fails to make its appearance, from an opposite condition of the system, that of plethora, characterised by symptoms of a congestive form, as pain in the head and throbbing of the temples, flushed face, pulse full and strong, pain in the back and lower part of the abdomen, extending to the groins and thighs, with weight and fullness of the pelvis. The patient may experience symptoms of this description at stated periods of four or five weeks, which are relieved by menstruation becoming established. At other times, this habit, acquired at puberty, may continue through life, each menstrual period being attended with intense suffering; or, these violent efforts not being relieved by proper treatment, and the courses not appearing, the general health is finally destroyed, and the condition of debility previously mentioned, induced.

Treatment.—The bowels should be freely evacuated by some active cathartic, as the alœtic pill, and kept in a soluble condition by saline apperients; cold applications to the head, and in some cases, leeches may be applied to the temples or nape of the neck; soaking the feet in hot water has a tendency to relieve the head by equalizing the circulation, and in this way encourage the flow; also, sitting over the steam from hot herbs, or sitting in hot water, or a mustard plaster, or fomentations to the bowels; cupping or leeches to the lower part of the back, and inside of the thighs. Emetics do good in some cases; also

camphor, three grains, extract of hyoscyamus, three grains, in pill, one for a dose, four or six hours apart; spirits of mindererus one ounce, spirits of nitre half an ounce; dose, one or two tea-spoonsful in a wine glass of water, three or four hours apart; in some instances, bleeding from the arm may be required. The pain in the back will often be relieved by an injection up the rectum, of a tea-spoonful of laudanum in half a cupful of warm water or thin starch.

During the intermission between the periods, the bowels should be kept free by saline apperients, as Epsom salts and others of this class; also, a tea-spoonful of the volatile tincture of guiac, in a wine glassful of sweetened milk and water, three times a day, will be of service in some cases. Forcing medicines, such as tansy, savin and the like, will be rarely indicated. Electricity has been followed with good results in some cases.

During infancy, the womb and ovaries having no important functions to perform, are small and undeveloped. This condition may remain through life; when this is the case, menstruation cannot take place; and should the female, under such circumstances, contract marriage, she will be sterile.

In other cases, menstruation occurs three or four years later than common, the reproductive organs having attained that development, together with strength of constitution, necessary to the performance of this function. Some diseases, particularly scarlet fever, coming on about the age of puberty, retard menstruation several years. In regard to cases

included in the second class, menstruation having been established for a longer or shorter period may be obstructed from exposure to cold, from grief, fear, and other impressions of the mind; from sexual intercourse during menstruation, from misplacement of the womb; from profuse leucorrhœa and uterine hemorrhage, by reducing the healthy condition of the blood, causing a debilitated condition, as observed in chlorosis; from fever, and other diseases occurring about the regular monthly period. Consumptive patients are also frequently subject to obstructed menstruation, and in some rare instances, the vagina has been closed, from the effect of inflammation, after delivery. Closure of the mouth of the womb has also occurred from the same cause. The symptoms vary considerably, according to the cause and condition of the patient; and whether the suppression is acute or chronic. In some cases, the female experiences little inconvenience, but generally, sooner or later, considerable derangement of the system occurs, and in other cases, the most serious results follow. When the courses are suddenly checked, from cold, or any other cause, there is sometimes great disturbance of the system, attended with pain in the head, throbbing of the temples, flushed face, thirst, sickness of the stomach, hot skin, quick pulse, pain in the back and limbs, pain in the lower part of the abdomen, extending to the groins and thighs, weight and fullness in the pelvis; and in some cases, the patient is attacked with fainting, hysteric or epileptic convulsions, inflammation of the brain, lungs, bowels, bladder, ovaries or womb.

TREATMENT.—In some cases, unattended with any very prominent symptoms, soaking the feet in hot water, a gentle cathartic, and a cup of hot herb tea will be sufficient. In other cases, attended with severe constitutional disturbance, an active course of treatment will be required. The menstrual flow should be encouraged by soaking the feet in hot water, a hot sitz bath, or sitting over the steam from hot herbs, by hot drinks, a mustard plaster to the bowels, or hot fomentations, by mustard plasters to the calves of the legs, or inside of the thighs; leeches applied to the inside of the thighs, are of service in some cases. The bowels should be moved by castor oil or some other cathartic medicine, and afterwards kept freely open by salts and senna, cream of tartar, half an ounce, epsom salts, one ounce, water, half a pint.

DOSE—a wine glass full, night and morning, or only once a day, according to effect.

The pain in the lower part of the abdomen and back, which is often very severe, will be relieved by thirty or forty drops of laudanum, and a mustard plaster to the abdomen; or a tea-spoonful of laudanum in half a tea-cupful of warm water, or thin starch injected up the rectum. Camphor is also of service, combined with some narcotic, as opium, or extract of hyoscyamus three grains, powdered gum camphor, three grains, in pill, three or four hours apart; fifteen or twenty drops of spirits of camphor in a little sweetened water. A mustard plaster, applied over the stomach, will often relieve the nausea

and sickness. Two or three grains of powdered ipecac will sometimes quiet the stomach, or some mint tea. If the sickness continues, an emetic may be given, spirits of minderera one ounce, and spirits of nitre half an ounce.

Dose. A tea-spoonful every three or four hours will be of service.

If the patient is feverish, also, nitrate of potassa, one drachm, water three table-spoonsful.

Dose. A tea-spoonful, four or six hours apart. Dover powder, five grains, powdered camphor, two grains, four or six hours apart. Two grains of calomel, with the Dover powder and camphor ; or half a grain of podophyllin, will have a good effect in many cases ; also, gelsemin, one quarter or half a grain, every three or four hours.

If there is pain in the head, apply hot applications to the feet, and cold to the head. If the face is flushed, with throbbing of the temples, apply a blister to the nape of the neck, or leeches to the temples ; in some cases, bleeding from the arm is indicated.

The menstrual flow coming on, generally brings relief to the patient, and renders further interference unnecessary ; there are exceptions, however, to this rule. The attack may pass over without a return of the courses, or the discharge, instead of being of the natural color, is sometimes a more or less profuse leucorrhœa ; yet when this is the case, relief is frequently obtained.

It is not an uncommon occurrence for young fe-

males, just beginning to menstruate, to have the courses suppressed for two or three months, or even longer, after the first show ; and in the mean time, there is frequently a white discharge at the regular period, in place of the red, or the discharge for the first four or five periods is sometimes white ; and some women, who are regular in their menstruation, observe a white discharge one or two days before the natural courses appear.

CHRONIC SUPPRESSION OF THE COURSES.—This form of suppression is frequently met with, and may occur at any period of menstrual life, and continue several months, and in some cases for years. It may result from an acute attack, and other causes previously mentioned, but a debilitated condition of the system is more frequently the cause.

SYMPTOMS.—As a general rule, a female will menstruate, if the system is in a condition to bear the loss of menstrual blood from the circulating fluid, and the organs concerned in this function are in a condition to perform their office. Suppressed menstruation, therefore, is of itself a symptom that one or both of these conditions do not exist. Without controverting this position, it may be stated in this connection, that all women are not well, although regular in their menstruation ; that some women who menstruate only once or twice a year, and in some rare instances, not at all, enjoy a fair degree of health ; also, that a female may continue to menstruate when the system is in a weak, debilitated condition. Frequently, however, in cases of impaired

health, nature, ever watchful over all her works, and guarding every function with a jealous care, interrupts the menstrual function, when the organism would be still further impaired, should this periodic loss of blood continue. The symptoms, then, of obstructed menstruation, will be modified by the cause of the suppression, and the general health of the patient.

In many cases, the patient complains of pain in the back and lower part of the abdomen, extending to the groins and thighs, a sensation of weight in the pelvis, and bearing down, pain in the head, chills and flashes of heat, with other symptoms of fever, which, at first, recur regularly about such a time every month, and, judging from her feelings, the patient expects to be unwell, yet in a day or two, this effort of nature passes over without producing the show, and she feels quite well again. Sooner or later, the health begins to decline, the appetite and digestive function becomes affected, and the bowels irregular in their action ; she is troubled with costiveness, and the inconvenience arising therefrom ; or this condition may alternate with diarrhœa.

The pains which, at first, occurred at stated periods, may become constant, or occur at any time ; the least exertion causes fatigue ; palpitation of the heart, and pain under the left breast are often experienced, particularly if the patient is subject to leucorrhœa, which is often the case : this debilitating discharge, producing its train of symptoms,

and reducing still further the vital powers. There is frequently nausea and vomiting, loathing of food, and strange longings for unnatural articles of diet; in some cases there is a ravenous appetite; the face is pale and bloodless, the breath fœtid, the tongue coated, and a dark circle under the eyes; the feet and legs swell, the sleep is disturbed by unpleasant dreams, and she awakes in the morning languid and unrefreshed; or the patient is drowsy, and disposed to sleep more than common; she becomes thin and emaciated, and in some instances, considerably bloated, particularly about the face. Difficulty of breathing, tightness and soreness across the chest, and cough are symptoms frequently experienced in this complaint: the cough does not always denote organic disease of the lungs; yet, suppressed menstruation sometimes terminates in consumption. Hysteria and other nervous affections are frequently met with in suppressed menstruation, and in some instances, spinal affections, derangement of the functions of the brain and insanity.

Treatment.—There is no complaint to which females are liable, of more common occurrence, than suppressed menstruation; and in none is the proper course to be pursued, more plainly indicated by the symptoms; yet great difficulty is often experienced in restoring the menstrual secretion.

There are two principal causes for this unsatisfactory result. In the *first* place—among that class of remedies called emmenagogues, which means, medicines possessing certain properties capable of pro-

ducing menstruation, there is no known remedy possessing this power in all cases, even when the system is in a favorable condition for their administration.

Second.—The suppression is too frequently treated as a local difficulty only; and here lies the secret of success or failure in many cases. Dr. Wm. Hunter very aptly remarks—"Now, my opinion with regard to the management of the menses is, that you pay no regard to them, but endeavor to put her to rights in other respects. If you cure the other disorders, you cure the irregularity of the menses, which is the consequence and not the cause of her complaints."

The correctness of the opinion in regard to this subject, entertained by the author just quoted, is verified by experience. We should look beyond the mere local affection, to the abnormal condition of the reproductive organs, and the general health of the patient. If she is weak and debilitated, tonics are indicated, such as quinine, twenty grains, sulphate of iron, twenty grains, made into twenty pills with extract of dandelion, one pill morning, noon, and night; compound tincture of Peruvian bark and compound tincture of gentian, of each one ounce. *Dose*, one or two teaspoonsful, in a wine glass of water, three times a day; salicin two grains, three times a day. Elixir of vitrol or muriated tincture of iron, ten or twelve drops, in a wine glass of water, three times a day. Sulphate of iron, twenty grains, myrrhae twenty grains, carbonate of

potassa, fifteen grains, make twenty pills, one, two or three times a day; lactate of iron, in pill or syrup. *Dose*, one grain, gradually increased to three, or four grains, three times a day ; Vallet's preparation of iron, in pill. *Dose*, three or four grains, three times a day.

Some patients will take one preparation of iron with benefit, that cannot take some other preparation of the same drug ; also in regard to the muriated tincture of iron, the dose at first should be small, ten or twelve drops, gradually increased to twenty or thirty.

Vegetable tonics, besides those already mentioned, will be of service in some cases, such as chamomile flowers, wild cherry bark, columbo and others, also wine, and a generous diet ; exercise in the open air forms an important part of the treatment, not only in this, but many other complaints of females ; but the amount of exercise should be regulated by the powers of the system to endure it.

The liver is frequently in a torpid condition, and the bowels constipated, and in cases where diarrhœa alternates with constipation, the liver is often at fault. To correct this abnormal condition, is of the first importance. The bowels should be moved by a dose of castor oil, or some other cathartic, as the following : calomel, ten or twelve grains, jalap, fifteen grains, ipecac, four to six grains, mixed in syrup or stewed fruit, and taken at a dose ; or podophyllin, two or three grains, leptandrin. four to six grains.

To act on the liver, give two or three grains of calomel, or mercury, with chalk, five to ten grains, blue mass, three to six grains, podophyllin, one quarter to one half grain, with two grains of leptandrin, once, twice, or three times a day, according to the effect on the bowels, a gentle daily movement being all that is required. Elixir proprietatis is given, with good effect, in some cases; it imparts tone to the stomach, and is a good laxative, in doses of a teaspoonful two or three times a day; also, sulphate of iron, twenty grains, aloes, forty grains made into twenty pills, one, two or three times a day, a teaspoonful of the fluid extract of dandelion, twice or three times a day; or a decoction of the root will be of service in cases where the liver is torpid and the bowels irregular. As an alterative and tonic, the following preparation will be found very beneficial in many cases. Hydriodate of potassa, thirty grains, compound tincture of gentian, two ounces, compound syrup of sarsaparilla, two ounces, extract of dandelion, half an ounce. *Dose*, one or two tea-spoonsful, two or three times a day; or a syrup of burdock, yellow dock, and dandelion roots, with wild cherry bark.

Should the suppression continue, after the general health has been improved, or in cases of suppression, unattended with constitutional disturbance, or serious disturbance of the health, remedies tending in their action to assist the menstrual flow, may be given, such as the volatile tincture of guiacum. *Dose*, a tea-spoonful, three or four times a day, in a

little sweetened water or milk. Hooper's pills have come into pretty general use among females, in cases of suppression ; they are made as follows :— Barbadoes aloes, one ounce, sulphate of iron, half an ounce, extract of black helebore, two drachms, myrrhæ, two drachms, Castile soap, two drachms, powdered canella alba, one drachm, ginger, one drachm. After mixing the several ingredients well together, they are to be beat into a mass by adding a little water ; then made into common sized pills, three or four of which generally act pretty freely as a cathartic.

To keep up a regular action of the bowels, and at the same time produce a tonic effect, one or two pills may be given, once, twice or three times a day.

Madder has long been used in cases of suppression, with favorable results, in some instances ; as it is less likely to cause inflammation of the womb, or ovaries, than savin, and it may be added, less likely to induce menstruation, there is no particular objection against its use. *Dose*, half a drachm to a drachm and a half of the powdered root ; or one ounce of the powdered root may be steeped in a pint of hot water. *Dose*, a wine-glass full, three or four times a day.

The bark of the root of the cotton plant is held in high repute in the southern states, as a remedy in suppressed menstruation. *Dose*, of the fluid extract, one or two table-spoonsful, four or six hours apart ; Iodine, fifteen grains, hydriodate of potassa, thirty grains, alcohol, one ounce. *Dose*, ten to

twenty drops in a wine glass of water or wine three times a day. This forms a valuable remedy in many cases of suppressed menstruation, particularly in debilitated conditions of the system, and in patients of a scrofulous habit. Strychnia has been favorably mentioned by Drs. Churchill and Bardsley, in suppression of the courses, and although a most virulent poison, it is a valuable remedy in some other complaints, in minute doses; and being a powerful tonic and excitant, may be of service in suppressed menstruation, by imparting strength and tone to the organism. If there is acidity of the stomach, the activity of the drug is greatly increased, so that a moderate dose, perfectly safe under other circumstances, may not only produce alarming symptoms, but even prove fatal. *Dose*, one twentieth or one fifteenth of a grain, gradually increased to one tenth or to one fourth of a grain, twice or three times a day; it is best administered in pill form, on account of its intense bitter taste. Its effects should be closely watched, and the medicine immediately discontinued, if the patient complains of heat in the stomach, nausea and vomiting, a sensation as if falling, heat and pricking, or creeping sensations of the limbs, or twitching of the muscles. Cantharides have been given with favorable results, it is stated by good authority, in some cases of suppressed menstruation. It is generally administered in the form of tincture. *Dose*, ten to twenty or thirty drops, twice or three times a day, in a wine glass of water, flax-seed tea, or some other bland fluid.

In some cases, the medicine affects the bladder, producing great difficulty in passing water; when this is the case, relief will be obtained by injecting up the rectum a tea-spoonful of laudanum, in about half a pint of warm water, also by applying to the external parts, warm water, or sitting over the steam from hot herbs. Ergot has long held a favorable position in the treatment of suppression of the courses, but, judging from its effects in exciting contractions of the womb at delivery, and from the fact that it is a good remedy to check the menstrual discharge, when too profuse, it is difficult to understand how it can be of service in suppression, yet it is recommended by Dr. Dewees, and other eminent practitioners; but Dr. Churchill says, "I tried it, in consequence of the high authority of these writers, but it failed, as in truth, I expected it would." *Dose*, the tincture, twenty to thirty drops, in a little sweetened water, three or four times a day; or a drachm of the powdered ergot, steeped in half a pint of water. *Dose*, one or two table-spoonsful, three or four times a day. It may also be given mixed with cold water, by steeping the powder in milk; it is less likely to cause nausea. It should not be continued long, and be discontinued if it produces pain in the womb. Rue, tansy, and savin have been found useful in some cases, but these and other forcing medicines, are rarely required, if a proper course of treatment has been pursued, and the system restored to a healthy condition; and if this has not been attained, it would

be injudicious to recommend them; for, if not positively injurious, they would do no good, if the system and organs concerned in menstruation, were not in a fit condition for this function to take place. Even a bowl of hot penny-royal tea, a hot sitz bath, or sitting over the steam from hot herbs, or any other means, to encourage menstruation, should not be resorted to if the patient is weak and debilitated; but after this condition has given way, by proper treatment, to improved health, and should the courses not make their appearance from a torpid, inactive state of the reproductive organs, the menstrual function may be encouraged by soaking the feet and legs in hot water, a hot sitz or hip bath, and other means previously mentioned, with a probability of success, and benefit to the patient.

It is in such cases that electricity, or applications of the galvanic battery will be of service; but, like other remedies, it not unfrequently fails in restoring the menstrual secretion. That it would be successful, more frequently, there is no doubt, were it applied only in such cases where the system is in a suitable condition for menstruation to take place; and were the applications made at a proper time, and in a right way; for it must be apparent to every one, that in the use of any remedy capable of inducing, under certain circumstances, an important function like menstruation, there must be a wrong as well as right way of using it. We should not be surprised, then if electricity fails, when improperly applied. The kind of electricity employed for med-

ical purposes, has much to do with the success or failure of this agent.

That form of electricity generated by the galvanic battery, is the best adapted to cases of suppressed menstruation, and of this form, the direct current should be used. The to and fro current has no specific action in these cases. In regard to the mode of application, in this complaint, the negative pole of the direct current should be applied to the lower part of the spine, and the positive pole moved about over the lower part of the bowels, over the ovarian region; or, the positive pole may be introduced up the vagina, to the mouth of the womb, and the negative pole applied up and down the spine, and over the abdomen. Ten or fifteen minutes is usually long enough to continue the application. This may be repeated every day, or every other day, according to circumstances. The strength of the current must be regulated by the sensation produced. Some patients can bear it much stronger than others, and in no case is it necessary to apply it so strong as to produce painful contractions of the abdominal muscles.

CHAPTER V.

CHLOROSIS, OR GREEN SICKNESS.

This complaint usually makes its appearance about the age of puberty, and is characterised by aggravated symptoms of general ill health. It is not, however, confined to the period of first menstruation, as it sometimes occurs at the last menstrual crisis, and at other periods of life. That it is intimately connected with the menstrual function, there seems to be little doubt, as it not unfrequently results from suppressed menstruation; but more frequently, a chlorotic condition of the system is the cause of the non-appearance, or suppression of the courses. The color of the skin, which is frequently of a peculiar yellowish or greenish tinge, has given rise to the term chlorosis, or green sickness. Girls that have grown up rapidly, and, as it were, outgrown their strength, or those naturally of a frail, weakly constitution, and previously sickly, are often subject to this complaint. If they attain to the age of puberty, they are physically unprepared for the change, which is evident from the undeveloped form, pale, bloodless countenance, and other indications of an impoverished condition of the blood.

The courses may not come on, but in place of the red, there is often a white discharge, which decreases the already exhausted vital forces, or she may have been subject to the whites for a long time previous. The health declines more and more, and at last, the frail child, unable to pass the first critical period of female life, withers and dies on the very threshold of womanhood. In some cases, attended with a feeble condition of the system, menstruation occurs, but the discharge is of an unhealthy appearance, pale and watery. Sooner or later, however, it ceases altogether, or it is superseded by the whites, and increases the general debility, which gradually assumes the chlorotic form, until all doubts in regard to the malady are removed, and the patient rapidly declines in health. In other cases, the patient comes to puberty, enjoying a fair degree of health, the usual development of form, and regular in her menstruation, but in consequence of taking cold, or from some cause, previously mentioned under the head of suppressed menstruation, the courses are suppressed, and if not relieved by judicious treatment, sooner or later, symptoms of chlorosis manifest themselves.

Causes.—The condition of the system, recognised by the term chlorosis, is the result of deficient vital action: hence, any cause disturbing or interfering with the healthy performance of the different functions of the body, may conduce to this complaint. All the different organs and tissues, of which the human organism is composed, unite to form the

complete whole ; each has its special office to perform, and all are kept in action by nerve power. The nerves are the medium of communication between different organs, either direct, or by sympathetic action ; as an illustration, it is only necessary to refer to the symptoms observed in pregnancy, from the alteration in size and position of the womb.

In many complaints, and particularly in most cases of chlorosis, the first point of departure from a healthy condition, is in the nervous system ; the derangements of the functions of the internal organs follow, as a necessary consequence. During life, there is a constant waste of tissue going on, which is as constantly replaced by new material, furnished by the blood. If this vital fluid is rendered impure and unhealthy, from impaired digestion and assimilation, an unhealthy condition of the system is the result ; just what is observed in chlorosis. The causes, capable of disturbing the vital processes, are numerous. In some cases, the girl inherits a feeble constitution, which is manifested in early life ; she is a weakly child ; easily made sick from the slightest cause, and more predisposed to the complaints incident to childhood, than those of a more robust constitution. As she grows up, she looks pale and thin ; and in many cases she is subject to leucorrhea. Measles, scarlet fever, and other diseases of childhood, sometimes induce a like condition of the system, in girls previously healthy. In either case, as the period of puberty approaches, they are frequently subjects of chlorosis.

The opinion is often entertained, in regard to young girls of a weakly constitution, that they will outgrow it, and all will be right when they arrive at the age of womanhood. That such a favorable result occasionally occurs, there is no doubt, but the reverse is more frequently the case. If the girl is weak and feeble, the probability is, if her health is not restored before the age of puberty, she will be chlorotic, or suffer in after life, from some form of female malady, so common at the present day. It is often the case, that young girls are too much confined in overheated and badly ventilated school-rooms, overtaxed with studies, occupying so much of their time, that they do not have that amount of out-door exercise necessary to the development of a healthy constitution; they are made accomplished, according to the common acceptation of the term, at the expense of health, and very often, the mistake is not discovered until too late to remedy a defective course of education. Like hot-house plants, they may please the eye of those ignorant of the consequences of overstimulating the brain and nervous system, without a due regard to the physical development, by invigorating out-door exercise; but they soon fade, unable to endure the trying scenes of life. In some places, particularly large towns and cities, large numbers of young girls are put to some occupation, as soon as they can obtain a situation; frequently in shops and factories, where they are confined from morn till night, taxed with work beyond their years, and

subject to privations of various kinds. Should we be surprised, then, if they fail in health, and become chlorotic, when they arrive at puberty? or, if the first critical period is passed, that they should be afflicted, in after life, with ills peculiar to the sex?

As previously stated, there is a constant waste of tissue going on, which is replaced by new material, furnished by the blood; this process is called assimilation. In chlorosis, the blood is impoverished; the proportion of water increased, and the other constituents from which new tissue is formed, decreased. As a consequence, the process of assimilation is but imperfectly performed. The blood is formed from the food, after it has undergone the digestive process. Digestion and assimilation depend upon nervous energy; if, therefore, there is deficient nervous power, the blood becomes unfit to be assimilated into new tissue, and keep up a healthy condition of the body. Want of exercise, a sedentary habit, unwholesome food, living in an unhealthy situation, mental affections, or any cause, producing derangement of the digestive function, either directly, by affecting the stomach and bowels, or indirectly, by weakening the nervous energy, may cause chlorosis. Obstructed menstruation sometimes causes this complaint, but more frequently, a feeble condition of the system, either inherited or acquired, is the cause of the obstruction. Leucorrhœa is, by some, regarded as a cause of chlorosis, but as leucorrhœa is a symptom of local inflammation, or local or general weakness, it follows, that the condi-

tion of the system causing the white discharge, is really the cause of chlorosis. Too long continued nursing, profuse menstruation, or uterine hemorrhage, occurring after an abortion, or at any other time, may cause chlorosis, by weakening the system, deranging the digestive process, and reducing the healthy condition of the blood.

Symptoms.—The patient is pale and languid, easily fatigued, the feet and hands cold, the appetite variable; and in some cases, there is nausea and vomiting; sometimes she complains of pain in the head, aching of the bones, pain in the region of the liver, and in the breast, extending through to the shoulder, pain in the back and lower part of the abdomen, extending to the groins and thighs; the liver is frequently in a torpid, inactive condition, and the bowels constipated; the urine is sometimes turbid, and deposits a sediment on standing. In consequence of deficient vital action, digestion and assimilation are imperfectly performed; the blood becomes impoverished, the flesh wastes, the feet and legs swell, a dark circle is observed under the eyes, the face is frequently bloated, the eyelids puffy, particularly in the morning, the sleep is disturbed by unpleasant dreams, and there is a bad taste in the mouth, with foul breath; diarrhœa, in some cases, alternates with constipation; the skin frequently assumes a peculiar yellowish or greenish tinge; the courses are generally suppressed; occasionally, menstruation continues for a considerable time, at least, but the color of the show is usually pale and

watery; leucorrhœa is often present and increases the general prostration. The same effect is observed, if menstruation continues. She is frequently subject to palpitation of the heart, particularly on the least exertion, as ascending a flight of stairs; in some cases there are strange longings for improper articles of diet, as chalk, clay, slate pencils, coal, and others quite as crude and unnatural. St. Vitus' dance, epilepsia, and hysteric paroxysms, are often met with in chlorotic patients. As the complaint progresses, the health declines more and more; the flesh wastes, and night sweats occur; in many cases, a troublesome cough sets in, which frequently terminates in consumption.

Treatment.—The course of treatment recommended in cases of suppression of the courses, will be indicated in chlorosis. Although important to pay particular attention to the bowels, after they have been freely evacuated, very active purgation should be avoided, as it weakens the patient, in spite of tonic treatment. If constipation continues, gentle laxatives should be given, to keep up a regular action of the bowels, but even these may be dispensed with, if the liver is acted upon by proper remedies. Cold salt water bathing, or sponging, will be very beneficial in many cases of chlorosis, and where the patient cannot visit the sea side, common salt, added to fresh water, will answer the purpose very well. It is best to commence with the water a little warm at first, and gradually reduce the temperature, as the patient becomes accustomed to it.

CHAPTER VI.

PAINFUL MENSTRUATION.

When the different parts of the human organism act in harmony, there is a healthy performance of the several functions ; a want of harmony, therefore, may be called a want of health, and in no case, is this inharmonious action more manifest, than in the generative organs of woman. Painful menstruation is a more or less painful attack, at each monthly period, existing in many cases, for a number of years, or for life, with an occasional mitigation of the suffering. It usually comes on one or two days, and in some cases, a few hours, before the show makes its appearance, and may be very severe, resembling labor pains. As soon as the flow is fully established, the pain generally subsides. The patient complains of pain in the region of the womb and ovaries, extending to the groins and inside of the thighs ; in some cases, the pain in the back is very severe. Headache is, also, a troublesome and very common symptom, together with chills, flashes of heat, flushed face, hot skin, thirst, and a full, bounding pulse. In some cases, when the fever runs high, delirium occurs, for a short time. In the menstrual discharge, there is sometimes observed a membrane-

ous or skinny substance, in small patches or shreds; it resembles the false membrane from the throats of children affected with croup. Sometimes it has been found entire, like a small bag, and has given rise to the suspicion of pregnancy. "As the first cases in which this membrane was discharged, were those of women who were married, a doubt arose in my mind, whether it was really a consequence of early conception, but I have, of late, had the most undoubted proofs, that it is sometimes discharged by unmarried women, and may be formed previous to, and without connubial communication; and that the uterus has occasionally, or constantly, in some women, the property of forming it, at, or in, the interval between the periods of the menstrual discharge."*

This "property" is an inflammatory condition of the interior of the womb, communicated, no doubt, in many cases, from the ovaries, they being in a like condition, and if there ever was a doubt in regard to the capacity of the unimpregnated womb to form this membraneous substance, recent investigations have settled the point: in fact, it is more than probable, that it occurs more frequently with the unmarried, than with those living in wedlock; and even among the latter, pregnancy is not apt to take place, so long as this peculiarity exists, being considered as one of the causes of sterility.

Treatment.—This will depend somewhat upon the previous health, and present condition of the

* Denman's Midwifery, page 161.

patient. To relieve the pain, opium, in some form, is generally resorted to, and many times with good effect; yet as this drug, in any form, is apt to derange the digestive organs, it is advisable to administer it in the form of injection; for this purpose, a tea-spoonful of laudanum in half a tea-cupful of thin starch, or warm water, will often give great relief; and as a substitute for opium by the mouth, some other narcotic may be given, as hyoscyamus combined with camphor, three grains of each, in pill, at a dose, or digitalis and camphor. A mustard plaster, cloths wrung out of hot water or hot spirits, applied to the lower part of the bowels, will often relieve the pain; also a hot sitz or hip bath. The tincture of black hellebore, in doses of about a tea-spoonful, in a wine glass of water, three or four times a day, has been used with good success by Dr. Meigs; to be used during the interval between the periods. Many cases of painful menstruation depend upon a rheumatic affection of the womb; when this is the case, ammoniated tincture of guiac, a favorite remedy of Dr. Dewees, will be of great service. *Dose*, thirty or forty drops, in a little milk, or sweetened water, three times a day; commencing with ten or fifteen drops, and gradually increasing it every day until the full dose is reached. Preparations of iron, and other tonics, are sometimes indicated. Cathartic medicine will also be required, if the bowels are constipated. Bleeding from the lower part of the back, or loins, by cupping, or leeches, will be of service in some cases. If hyster-

ical, as nervous patients frequently are when afflicted with difficult menstruation, give ammoniated tincture of valerian, in doses of one or two teaspoonsful, in sweetened water or flaxseed tea ; or tincture of lavender, or the compound spirits of lavender ; or one or two pills of assafœtida, or sulphuric ether, one teaspoonful, in sweetened water or flaxseed tea, three or four hours apart. Warm water, injected up the front or back passage, will frequently give relief ; also, in cases subject to this painful malady, cold water, injected up the rectum two or three times a day, during the interval between the regular periods, has frequently done much good. In some cases of painful menstruation, the passage through the neck of the womb is so contracted, that it prevents the flow from escaping to a great extent, and the effort of nature to overcome this condition, gives rise to the pain. The treatment consists in dilating the passage, by introducing bougies of different size, just large enough to pass through the contraction with moderate force ; then after two or three days, if the first has not caused any particular inconvenience, the next size larger may be used, and so on, until the passage is fully dilated. This infirmity is also remedied by making incisions in the neck of the womb with a cutting instrument constructed for this purpose. Marriage has been recommended as a cure for painful menstruation.

" There is a popular impression, that when the highest functions of the sexual system are brought into play, many ailments, previously troublesome,

are likely to cease, and it is beyond a doubt that, in some instances, marriage, and pregnancy, and child-bearing, are followed by these desirable results. I fear, however that the chances are the other way ; that the girl who suffers from dysmenorrhœa (painful menstruation) will be likely to suffer more from it, after marriage, than she did before ; that the extreme sensitiveness of her uterine organs, will render marriage, in all sexual respects, a very painful condition ; that conception will be less likely to occur than in another woman, and that if it should, pregnancy and labor will be attended by far more than the usual amount of distress."*

There is no doubt that a great many cases of tedious, difficult, and sometimes fatal child-birth, arise from an abnormal condition of the reproductive organs, caused by some neglect or mismanagement of the girl, at, or previous to puberty. If those having the care of young females, particularly mothers, were better informed in regard to the results of over exertion, exposure to cold, wet feet, want of proper out-door exercise, and improprieties of dress, at, or before, the time of the first appearance of menstruation, many of the ills common to females at the present day, might be prevented.

*West on Diseases of Women, page 73.

CHAPTER VII.

PROFUSE MENSTRUATION.

This difficulty, as the term implies, is a loss of blood at each menstrual period, greater than the system can afford to lose with impunity. It is often attended with the formation of clots, which are expelled with more or less pain, resembling, in this respect, the complaint previously considered. In fact, profuse and painful menstruation often exists as cause and effect. Yet, a woman may, and many do, have an excessive loss of blood at each period, without pain, occupying the usual time, or, it may be, extended over a period of eight or ten days; and some authors consider a flow extending nearly, or quite, from one period to an other, as excessive menstruation. But a discharge of this character, should be regarded as uterine hemorrhage, observing little or none of the periodical form, which is peculiar to profuse menstruation. The general health of the person should be considered, also, before calling it too profuse, for what would be justly considered excessive in one case, would not in another, though the quantity lost might be twice as much. A full, plethoric habit, would bear, with little or no inconvenience, a loss that would quite prostrate a weak, feeble woman.

When we consider the fact that menstruation is a secretion from the womb, by a process of periodical congestion of its tissues; that it is abundantly supplied with blood by two large uterine arteries, and also receives a considerable portion from the ovarian arteries, we should not be surprised to meet with cases of profuse menstruation oftener than we do.

Profuse menstruation occurs under opposite conditions of the system. In one class of cases, there is a plethoric, full habit; in the other, a weak and feeble condition; in the former, not only the blood vessels of the womb are over distended, but there is a general fulness of the whole system. The profuse discharge, under such circumstances, acts like a safety valve to the vessels, preventing serious congestion of some vital organ, and so long as the flow keeps within due bounds, calls for no treatment at our hands. In the other class of cases, the blood vessels are unable to resist the force of the blood circulating in them, from weakness or want of tonic action. When it comes on from a plethoric condition of the system, it may return so often, and continue so long, that an anæmic or bloodless condition is produced, persisting after the cause producing it in the first place has ceased. Frequent child-bearing and over nursing is sometimes a cause of excessive menstruation. Some women nurse their children longer than their constitution admits of, in order to prevent an increase of family; the consequence is, they are so reduced that when their courses come on,

it is excessive, prostrating them still more. It may also be caused by a polypus, congestion of the womb, ovarian iritation, misplacement, or irritable condition of the uterus. It is sometimes produced by scarlet fever, and other eruptive diseases; by over excitement of the sexual organs, or any cause producing congestion of the pelvic organs.

The symptoms are such as might be expected from an excessive discharge of blood, whether from the womb, or any other part of the organism. "Exhaustion languor and dislike of exertion, weakness across the loins and hips, paleness of the countenance, headache, throbbing of the temples, ringing in the ears, and giddiness, occurs more or less in the slighter cases. If the disease be not relieved, and especially if uterine leucorrhœa be present, all these symptoms become aggravated. The exhaustion and languor increase, the face becomes sallow, an aching pain is felt across the loins, extending round the lower part of the abdomen, pain in the left side, repeated and severe headaches, the face becomes sallow, derangement of the stomach and bowels, in short, all the secondary symptoms, and the derangement of the health which follow in the train of anemia, no matter in what way this may be produced."*

Profuse menstruation is often induced by the female getting up too soon after child-birth, and particularly after a miscarriage; from mental emotions,

*Churchill on Diseases of Women, page 133.

a fall or blow across the abdomen, and over exertion ; it may come on from taking cold, although suppression more frequently follows this cause ; yet by producing congestion of the womb, an excessive flow is sometimes the result ; also from ulceration and chronic engorgement of the womb.

The treatment consists in building up the debilitated and broken down constitution. If the female is nursing, the child must be weaned, and tonic medicines administered, and as the patients are more or less chlorotic, the treatment recommended for that complaint, will benefit them in this. The ergot of rye, has been used with good success in many cases ; it may be given in doses of fifteen to thirty drops of the tincture in half a wine glass of water, or by making an infusion of the drug freshly powdered, or the following mixture, spirits of minderera one ounce, tincture of ergot half an ounce, tincture of digitalis two drachms, mix ; dose, a tea-spoonful every four or six hours. Elixir of vitriol, ten drops in a wine glass of water, two or three times a day ; alum water internally, and used as a sitz bath ; also, cloths wet in cold water and vinegar, applied to the lower part of the abdomen, and external parts. Injections of half a pint of cold water up the rectum three or four times a day, is of great service in many cases. Plugging the vagina may be required sometimes, and for this purpose, a piece of alum, about the size of an egg, may be used, first making it as smooth as it can conveniently be done, and then introduced up the vagina, where it can remain

for a day or two. Also, pieces of lint, or cotton wool, dipped in alum water, may be used in the same way as the piece of alum.

If the evacuations from the bowels are clay colored, indicating torpidity of the liver, give three or four grains of blue mass, with two or three grains of extract of hyoscyamus, at a dose, at night; or mercury and chalk, or calomel. By those who object to take any preparation of mercury, the following may be used as a substitute. Podophyllin, one grain, leptandrin, two grains, extract of dandelion, sufficient to make into pill, to be taken for a dose, or the same in powder, mixed with syrup, without the extract. If the feet and legs swell, it may be necessary to bandage them; sometimes bathing them in salt and water, night and morning, is beneficial. Some cases may require bleeding, either general or local, but it will be those only of a plethoric habit. Exercise in the open air, when the patient can bear it, also bathing, and friction with a coarse cloth, will aid much in the recovery of the patient's health.

CHAPTER VIII.

UTERINE HEMORRHAGE.

This complaint differs from profuse menstruation, by being a more or less continuous discharge of blood from the womb, unaffected by the periodical influence observed in the latter complaint, except, in some cases, it may be aggravated every three or four weeks. It may continue for months or years. Dr. Meigs mentions a case, where a bleeding from the womb continued for six years and a half, caused by a uterine polypus. Other tumors of the womb often produce the same effect. It is an affection to which females are liable at any period of life, having been observed in girls at puberty, and even before this period. At the turn of life, it is not rare to meet with cases of hemorrhage of a very active character. The time of its greatest prevalence, however, is during the child-bearing age, and sometimes occurs during pregnancy, and not unfrequently results from abortion.

In most cases, the womb is in a state of engorgement, much larger and heavier than natural, the servix or neck considerably enlarged, and soft to the touch ; the os, or mouth of the womb, patulous and open, so as to admit the end of the finger to the first joint. Misplacement of the organ is often

observed in this complaint. In other cases, more rare than the former, the neck of the womb is not only greatly enlarged, but it is also hard and cartilaginous. The symptoms are such as might be expected from a constant drain, or seaping away of the vital fluid, namely, great weakness and prostration, pale, bloodless countenance, cold hands and feet, more or less painful dragging sensations through the pelvis and lower part of the body, pain in the back and limbs, hysteric symptoms, and pain or dizziness in the head. In some cases, the discharge nearly or quite ceases, when the patient is in a recumbent posture, but as soon as she gets upon her feet, it make its appearance again. It is increased by going up and down stairs, sweeping, or lifting a weight of only a few pounds.

The treatment consists in improving the general health by tonic medicines, as compound tincture of Peruvian bark, and compound tincture of gentian, an ounce of each. *Dose*, one or two tea-spoonsful in a little water, two or three times a day; ten grains of quinine, and ten grains of sulphate of iron, made into ten pills, with extract of gentian, or extract of dandelion, one pill twice or three times a day; a tea of hops or chamomile flowers, or both together; muriated tincture of iron, in ten or twelve drop doses, in a wine-glass of water, three times a day, increasing by one or two drops each day, until twenty or thirty is reached. Dr. Meigs recommends the roots of the black currant and dewberry, a handful of each, boiled in two quarts of water. *Dose*,

half a cupful occasionally ; tincture of ergot, half an ounce, tincture of digitalis, two drachms, water one ounce. *Dose*, thirty or sixty drops, three or four times a day. "Five or twenty grains of powdered alum, with two grains of nutmeg, made into a powder and mixed in syrup, is a good dose, to be repeated hourly."*

Cloths wet in cold water and vinegar, applied to the lower part of the abdomen, are often of service ; also half a pint of cold water, injected up the rectum, three or four times a day, will frequently check the bleeding. A solution of sulphate of zinc, sulphate of iron, or nitrate of silver, may be injected into the womb, with great advantage in some cases.

As uterine hemorrhage depends upon engorgement of the organ, in most cases, that condition must be overcome before a permanent cure can be effected. Small bleedings from the arm, repeated a number of times, has a favorable result in many cases, by directing the blood away from the uterine vessels, producing a revulsive action. The recumbent posture should be observed until out-door exercise can be safely recommended ; it will then be of advantage, by increasing the strength ; also a cold hip or sitz bath, with friction by means of a coarse cloth. Cathartics are often required, but they should be of a mild, unirritating class.

* Meigs' Diseases of Women, page 468.

CHAPTER IX.

LEUCORRHŒA.

This disease, known among women as the whites, or inward weakness, is an exceedingly common complaint. No period of female life can be said to have an immunity from it, and very few, at the present day, but are or have been, at some period of their lives, affected with it. Although most frequently met with at some period during the thirty years of menstrual life, yet some are afflicted with it after menstruation has finally ceased. It is also often observed in girls about the age of puberty, and in some cases several years previous to this period.

This complaint has received the name of whites, yet it often assumes a different color, being sometimes of a yellowish straw color, or it may be of a brownish or greenish hue, with slight streaks of blood. When it is what the term implies, strictly speaking, it resembles the white of an egg—a thin, glairy fluid, keeping the external parts uncomfortably moist. It may, at times, be so abundant as to resemble the monthly flow in quantity, compelling the person to protect herself with cloths, as though she was menstruating. When it assumes the yellow or greenish color, it produces stains upon the clothing like matter from a sore. In this form of the complaint, if the female is married, she is liable

to communicate a disease to her husband, similar in its nature, and requiring similar treatment to gonorrhœa, or bad disorder. This important fact has been overlooked, as a general thing, heretofore. The consequence is, many serious family troubles have been the result; innocent parties having been wrongfully accused of incontinence.

Leucorrhœa is frequently observed in chlorosis, or may assist greatly in producing that complaint; it is also connected with most of the abnormal conditions of the ovaries and womb. By medical writers, leucorrhœa is divided into vaginal and uterine, as it sometimes proceeds from the vagina alone, at others from the womb, or it may be both uterine and vaginal at the same time.

"When the discharge is constant, profuse, and of long standing, exhaustion and degradation of the constitution is soon found to be the unfortunate and necessary result of this flux, which never ceases, and which seems to attract to itself the sources of all the other excretions, and thus to cause a drain upon the whole economy. The skin now becomes more and more discolored, the emaciation increases, the flesh becomes loose, the breasts are soft, the pulse small and frequent, and the breath fœtid; the eyelids become bloated, the legs are always cold, and the whole body sometimes becomes œdematous."*

The patient also complains of more or less pain in the back, and through the lower part of the bow-

*Colombat on Diseases of Females, page 317.

els; a dragging, bearing down sensation, particularly if obliged to be much on her feet; a scalding or burning sensation on passing water; weakness in the back and knees; more or less pain in the head; appetite variable, sometimes none at all, at others the patient wants to eat a number of times during the day; the bowels are irregular, itching of the external parts, pain in one or both shoulders, weakness and distress across the stomach. Many cases are troubled with a cough, slight at first, but gradually increases, finally terminating in consumption. It is frequently the case that women suffer from leucorrhœa for months or years, under the impression, many times, that it is only one of those inconveniences natural to the female organs, and for which there is no use to seek relief; others, again, are aware of its weakening influence, yet from that delicacy peculiar to the sex, prefer to suffer from it, rather than let their complaint be known; the consequence is, if they are married, and have female children, the weakness is often transmitted to them, so that we see the evil effects not only on the health of the mother, but the child inherits a weakly constitution, and often the same complaint, from the same cause. The effect of a weakness like this, taking away the vitality of the system, prostrating the nervous organization, and sapping the foundations of health, should not be neglected; years of suffering, terminating in serious, if not fatal organic disease, have proceeded, in many instances, from a simple ailment, easily cured, if taken

in season. In fact, it is more than probable that a great part of the suffering of which women complain, might be prevented, if they were better informed in regard to their diseases, their symptoms, and the proper treatment.

The object of this work is to furnish that information on the diseases, peculiar to the sex, so long needed. It is not reasonable to expect that a weakly woman will bring forth strong, healthy children, especially if they partake of her constitution, which is often the case. The same remarks apply also to the father. If the seed is unhealthy, so must the product be also. A bitter fountain cannot bring forth sweet waters.

The question is often asked, why is it that so many children die in infancy? the answer is, many of them inherit a weakly constitution from their parents; they live a few months, suffer and die. Who is to blame? Ask the countless thousands, that have gone to an early grave, before they were able to lisp a parent's name. What is it that causes scrofula and consumption? complaints causing more suffering and death, than all the other diseases combined. The answer is, hereditary transmission, handed down from parent to child, as a legacy of suffering. How often has the remark been made, "before my child was born, I was considered in a consumption; my health was miserable, now I am better than I have been for years." Better, at the expense of the health and happiness of her offspring.

Persons are occasionally met with, who believe that weakly children can be toughened, or made strong, by exposure; and to substantiate their assertion, refer to the Indians and other hardy races, who live a life of exposure and hardship; but they seem to forget the important fact, that if a weakly child is born to such parents, it invariably dies, as none but those possessing a hardy constitution are able to bear the exposure necessary to such a mode of life.

The treatment of leucorrhœa consists in relieving the debility, and arresting the discharge. Tonics are indicated to restore the enfeebled powers, and such as have been recommended for the debilitated condition resulting from chlorosis, may be resorted to with advantage. Applications to the external parts, and injections up the vagina of warm water, or milk and water, will frequently relieve the smarting and itching sensation often experienced in this complaint; also, the spirits of nitre, dose a tea-spoonful in one or two table-spoonsful of water, three or four times a day. If the discharge still continues, more active remedies are required, as the sugar of lead wash, solutions of alum, or sulphate of zinc, one or two drachms in a quart of water, or nitrate of silver three or four grains to the ounce of water, also sulphuric acid, twenty drops, in a quart of water, injected up the vagina, in quantities of two or three table-spoonsful, two or three times a day, has often cured the complaint.

If the discharge proceeds from the womb, the

same solutions may be injected into it, that have been recommended for the vaginal discharge; but in regard to using injections into the cavity of the uterus, there is considerable diversity of opinion, among medical writers, as to the propriety of the treatment. That bad effects have followed their use, in some cases, there is no doubt, yet such results can be prevented by taking proper precautions.

As there is little probability of finding the passage through the neck of the womb unnaturally contracted from the nature of the ailment, an instrument should be used, small enough to let the fluid injected in, pass out, as rapidly as it was thrown into the cavity; in this way avoiding the distension of the organ, which would result if the instrument was so large as to fill the passage, and not allow the fluid to escape. A gum elastic catheter, of suitable size, makes a very convenient instrument, to which the point of a small syringe is to be attached. There should not be much force used, as a want of this precaution alone, might cause considerable pain. The quantity of fluid made use of, should be in accordance with the size or capacity of the womb; one or two drachms would not cause pain from over distension, even if the solution did not escape until the instrument was removed, and if the organ was enlarged, and its capacity increased, the quantity injected might be increased accordingly. Another important point is, to use the solution warm instead of cold, as is usually done, and as a further

precaution, try the effect of simple warm water first. If this plan is adopted, no ill effects will follow the administration of uterine injections.

That perotineal inflammation can result from moderately injecting a fluid into the uterus, in consequence of some portion of it passing into the perotineal cavity, through the fallopian tubes, is far from probable, if we take into consideration the fact, that the womb is often enormously distended with water, in dropsy of that organ, without this result following. If the patient is of a plethoric habit, bleeding, either general or local, may be necessary; some cases are benefited by a blister, applied to the lower part of the spine ; also by cold or salt water bathing, sponging, or showering the back, together with friction with a coarse cloth.

When young girls are the subjects of this disease, the parts should be bathed with warm water and and milk, or a decoction of marsh-mallows, sugar of lead, a weak solution of sulphate of zinc, or nitrate of silver, one or two grains to the ounce of water. It is sometimes necessary to inject up the vagina, with a small syringe, some of the solutions just mentioned. This discharge, even when it attacks young girls, sometimes assumes a yellowish straw color, staining the linen, which is often the first thing that directs the attention of the mother to the ailment, and being unacquainted with the fact that lucorrhœa in children often occurs, supposes immediately that some one has commited a rape on the girl, or at least, attempted it ; takes her aside, questions her

as to where she has been, and what boy has offered her violence. The girl, knowing that nothing of the kind has happened, denies that any one has attempted to wrong her. She is not believed, her mother knows she is telling a lie, threatens her with severe punishment, if she does not tell her who it is, but she still denies. After being severely chastised, and threatened with still greater punishment, at last, through fear, actually tells that which she knows to be false, and the crime is charged upon some boy she may chance to think of, who is immediately arrested, and tried for an offence of which he is perfectly innocent. An instance is given in Percival's Medical Ethics, of a boy who was near suffering capital punishment for this supposed offence, and saved merely by the occurrence of other cases, concerning which no suspicion could exist. The presence of this discharge is no proof whatever of such an offence, which must be proved by evidence totally independent of it.

"A girl, seven years of age, was brought by her mother to Dupuytren's consultation, for his advice respecting what she thought were the effects of violence committed on her child. There was a copious yellow colored discharge from the vagina, and the labia were red, swollen and painful. No excoriation or laceration, however, was to be perceived, and the hymen remained perfect. Dupuytren assured the parents that the symptoms by no means justified the suspicion which they entertained; he could not say, positively, that no attempt had been

made to injure the child, but only that the existing symptoms might arise from other causes. Indeed, so frequent are cases of this description, at particular periods, that some have suspected that they might depend upon some epidemic influence." In another similar case, "Dupuytren regarded the case as one of catarrhal inflammation of the genitals, and predicted at the time, that in all probability, several cases of a similar nature would present themselves to his notice in the course of the week, and so it was; they were all treated successfully with tepid baths, emollients, and soothing washes."*

CHAPTER X.

OVARIAN INFLAMMATION.

It is now generally conceded that the ovaries are the principal organs concerned in menstruation; that by their influence, the uterus is stimulated to act. If then, we bear in mind the position of the ovaries, and their relation to other important organs within the pelvis, also the fact, that at each monthly period their vascularity is increased, and they become more or less congested, we should not be surprised to often find them in a diseased condition. Dr. Ashwell says "Of all the organs of the human

*Churchill on Diseases of Women, page 66.

body, scarcely any seems so prone, either to functional or organic disease, as the ovaries; for I can with truth say, that I have rarely, when examining these important organs after death, found them entirely healthy."*

If, as Dr. Ashwell observes, in examinations after death, he has rarely found them entirely healthy, it is more than probable that they are often in an abnormal condition, and the symptoms arising therefrom have been referred to the uterus, and treated accordingly.

Ovarian inflammation is usually divided into an acute and chronic form, according to its advent, whether coming on suddenly, as after abortion or child-birth, and sudden suppression of the milk, or lochial discharge, or at other periods, from sudden suppression of menstruation, from cold, and other causes, or as it proceeds from the acute form. Also, coming on gradually, without any particular symptoms marking its commencement, the latter form is much oftener met with than the former. It sometimes exists without the uterus being implicated, as cases have been examined, after death, where one or both ovaries were in an abnormal condition, and the womb was found to be healthy; more commonly, however, the reverse is the case; in fact, there is little doubt that most cases of painful and otherwise faulty menstruation, together with other uterine complaints, is due, in a great measure, to chronic inflammation of the ovaries.

*Page 6, 3d Edition.

Among the causes capable of producing this complaint, may be enumerated, difficult parturition, the use of obstetric instruments, inflammation and misplacement of the womb, a fall or blow across the abdomen, exposure to cold during or just before menstruation, or the means made use of to check uterine hemorrhage.

"Marriage late in life, is sometimes of itself a sufficient cause of sub-acute overitis. The privation of sexual stimulus is, no doubt, a cause of certain forms of sub-acute overitis, (chronic inflammation.) Also those excitements which tend to exaggerate the impulse of unsatisfied desires, which, though natural in themselves, have been pampered by bodily and mental inactivity, and unduly excited by thoughts, books, pictures, conversation, music, and the fascinations of social intercourse."*

Symptoms.—Pain in the lower part of the abdomen, between the hip and lower ribs, affecting one or both sides; in the majority of cases only one side is complained of, and that the left; and in a number of cases, when the disease attacked both ovaries, the patients have complained of pain in the left side first.

"The patient experiences a dull pain in the ovarian region, often imperceptible when she is in a state of repose, but brought on by walking, riding, any sudden movement, or even by pressure on the side. The pain is also increased by the act of straightening the thigh upon the pelvis, as in the

*Tilt on Menstruation, page 90 and 91.

erect posture, by which the integuments are put upon the stretch, and pressure is thus exerted over the part. Some patients are unable to maintain the erect posture, without resting the foot of the side affected on a stool, so as to keep the thigh more or less bent upon the pelvis. Radiating from the ovarian region, the pains are felt across the loins; then descend towards the thighs and fundament, and are of a dull, dragging, and sometimes of an overwhelming nature. They are distinguished by the patient, from other pains resembling colic, and which depend on uterine contractions, although both species of pain may be experienced at the same time."*

There is frequently much irritability of the bladder, the patient being unable to retain more than a small quantity of water at a time, and the evacuation of it occasionally attended with much pain and stranguary. A movement of the bowels increases the distress. In some cases, the pain extends upwards, and is felt all along the space between the hip and lower ribs; it is sometimes described as a burning pain, very circumscribed, appearing to occupy a spot, not larger than a shilling piece. In most cases, where the pain is due to inflammation of the ovaries, it is increased by pressure; when of a neuralgic character, this is not the case.

Chronic inflammation of the ovaries is often insidious in its advent, coming on imperceptibly, and

*Tilt on Menstruation page 113.

may exist for years without producing very marked symptoms, until some favorable condition of the system presents itself, as child-birth, or abortion; it then assumes a form not easily mistaken. At other times, the first indication of abnormal action is more or less pain, often but slight, at each monthly period; this is gradually increased, until the pains not only become of a more violent nature at each period, but continue from day to day, the patient not being free from it from one period to another. There is sometimes an enlargement, just above the groin, where the severest pain is frequently complained of, also an inward fullness and pressure within the pelvis.

TREATMENT.—Half a dozen or more leeches applied over the seat of the pain; if the attack has come on suddenly, general bleeding from the arm may be resorted to first, with great advantage many times; also blisters and hot fomentations, such as hops, some herb tea thickened with Indian meal, so as to make a kind of poultice, and laid on the affected part, as hot as the patient can bear it, and renewed from time to time, when it becomes cold; two or three thicknesses of flannel, wrung out of hot water, or hot spirits, may be used the same as the poultice. Opium, laudanum and morphine is given with good effect, but as they do not suit all constitutions, some other narcotic might be substituted, as hyoscyamus, and tincture of digitalis; or the following combination will be found of great service in the majority of cases. Hyoscyamus, twenty grains, pulverized

camphor, twenty grains, make ten pills. *Dose*, one or two pills, four or six hours apart; or camphor mixture with tincture of hyoscyamus and tincture of digitalis; bathing the affected parts with spirits of camphor and laudanum; also, camphor liniment, one ounce, extract of belladonna and extract of hyoscyamus, one drachm of each, either solid or fluid, to be well rubbed in; an anodyne plaster to the lower part of the back; small doses of calomel and opium; the mercurial ointment, two ounces, iodide of potassium, one drachm, iodine, ten grains, mixed together, will be found a valuable remedy; let a piece, the size of a small hickory nut, be well rubbed into the affected part, night and morning; cold water injected up the rectum, four or five times a day, in quantities of about half a pint, continued for a number of days, will often reduce the inflammatory action. The pain will be greatly relieved by using an injection of half a tea-cupful of water, and a tea-spoonful of laudanum, or one or two tea-spoonsful of spirits of camphor. The action of these medicated injections will be readily understood, if we remember, that the inflamed ovary is in close proximity to the rectum. The patient should, therefore, be instructed to retain the injection as long as she can conveniently. It is probable that some portion of these medicated injections reaches the ovaries by absorption, if they are retained a reasonable length of time; yet, aside from this, we should expect benefit from them, from their influence on the sacral nerves. Counter irritation over the affected ovary,

by means of a mustard plaster, or tartar emetic ointment, is sometimes beneficial. If the bowels are in a condition requiring cathartics, such as act harshly on the rectum should be avoided; for this purpose, the following mixture may be taken, or some other saline preparation; sulphate of magnesia and tartarized soda, one ounce of each, water, half a pint. *Dose*, a wine-glassful, two or three times a day, or until the bowels are acted upon, then by taking a table-spoonful occasionally, they will be kept open. The general health will require attention, and such tonics as have been previously recommended in like conditions of the system, may be resorted to.

CHAPTER XI.

ENGORGEMENT AND CONGESTION OF THE WOMB.

BEFORE the age of puberty, the womb is rarely attacked with disease. Previous to this period, it remains, as it were, dormant, possessing little vitality in common with other organs and tissues.

"Isolated as it were from the rest of the organization, and exerting only a feeble influence upon the different organic apparatus, the uterus is, itself, rarely affected sympathetically during the early period of life. Being, by its anatomical position, protected from the mechanical, physical or chemical

action of exterior bodies, it is little exposed to accidental maladies, and, therefore, examples of diseases, and especially of organic alterations, are extremely rare in infancy. But when the period of puberty arrives, announcing itself by a more rapid development of the whole economy, and a greater activity of all the functions, the entire life seems to be animated with a new fire, the organs of generation participate in the effect of the general movement, or indeed, it is only at this time, that their existence may be said to begin. The uterus then leaves the state of inertia in which it had, as it were, been buried, henceforth to play an important role. Its tissue becomes permeable, extensible, and even erectile. Blood circulates more freely through it; its sensibility is developed; it becomes the centre and point of departure of sympathetic irradiation, which subject to it all the acts of the economy, and these in their turn, exercise influences not less important in the proper functions of this organ."*

After the age of puberty, of all the organs of the body, there is none more liable to disease than the womb, be the female married or single, although pregnancy, and its consequences, produces more organic and functional diseases than any other cause, and no organ produces such a train of sympathetic affections, when in an abnormal condition. We shall not be surprised at this, when we consider the fact, that it is abundantly supplied with nerves from the great sympathetic nervous system, and that at

* Duparcque on the Uterus, page 22.

each monthly period, it becomes more or less congested, or engorged with blood, which relieves itself, by producing the courses. Everything connected with menstruation being normal, the monthly evacuation passes off with little or no disturbance of the system ; but should anything occur, to interfere with the healthy performance of this function, as taking cold for instance, a great change is observed ; the blood vessels of the womb increase in size, distending, more or less, the body of the organ ; it becomes larger and heavier, producing engorgement or congestion ; the nerves are pressed upon by the distended vessels, causing, and with the increased weight of the organ, producing the symptoms of painful menstruation.

"In the early periods of puberty, the uterus is not always in a condition to emit the fluid that gives rise to the menstrual movement in its tissue. In consequence of which, a local plethora or congestion occurs, manifested by a sense of heaviness in the hypogastrium, more or less severe pains, denominated uterine colic, or uterine tenesmus, alternate chills and flushes, headache, difficult respiration, and sometimes hysteric fits. This fluxionary movement having existed a few hours or days, subsides spontaneously, without any discharge ; it reappears, with the same symptoms, at the following menstrual period, until the exhalent extremities of the vessels, becoming more permeable, readily disgorge themselves. In some girls, however, this state of things continues through an indefinite period ; the conges-

tion of the uterus does not completely pass off, after each period, but becomes increased, the local and general disturbance acquires intensity, and medical aid is required to prevent the dangerous consequences of this morbid state.

The engorgements of the uterus may, under these circumstances, take on the form of simple congestion, of acute and particularly chronic inflammation, which may successfully, or simultaneously, pass through all the stages of suppuration, or cartilaginous or osseous degenerations. Restricted in the degree of its action, this engorgement becomes the basis of cancerous formation, in the course of some years."*

Notwithstanding the compactness of the tissues of the womb, previous to pregnancy, we sometimes observe this organ, even in young females, very much enlarged from engorgement, equalling in size the impregnated womb of three or four months, for which it might be mistaken, were it not for the pain, tenderness, and other indications, which should be carefully noted, before forming an opinion. In most cases of chronic engorgement of the womb, there is more or less inflammation, which, at first, assumes the acute form; after a time, the acute stage passes off, leaving the organ enlarged, and painful to the touch, in which condition it is most usually met with. It may also exist independently of an acute attack, coming on imperceptibly, and continuing for years, with occasional aggravation of

*Duparcque on the Uterus, page 23 and 24.

the symptoms, particularly after exposure to cold, or at a monthly period. The disease is sometimes confined to the body of the womb; more commonly, however, the neck is in the same condition, and may be the first part attacked, the engorgement spreading to the other portions of the organ. As before remarked, this condition of the uterus may continue any length of time, resulting in ulceration of the mouth and neck of the womb, hard engorgement, or induration, and cancer. This latter complaint is particularly apt to manifest itself about the time of the cessation of menstruation.

Causes.—It often follows an acute attack of inflammation of the womb, also of the ovaries, a scrofulous habit, frequent child-births and abortions, faulty menstruation, forcing medicines used to bring on menstruation, a cold taken during or just previous to menstruation, improper use of cold astringent injections to check the whites, the use of instruments to produce miscarriage, getting up too soon after delivery, too much force used in removing the after-birth, a sudden misplacement of the womb, immoderate sexual intercourse, forced celibacy, veneral virus, or constipation. It sometimes comes on without any known cause.

Symptoms.—In consequence of the increased size and weight of the womb, there is more or less misplacement of the organ, characterized by a sense of fullness in the pelvis, and bearing down, pain in the region of the womb, extending to the groins and thighs, also the lower part of the back; it may be

constant, or aggravated from time to time. Some complain of a burning pain when they are in a recumbent posture. Disorders of the menstrual function is often observed ; if it comes on at the regular period, it is frequently of shorter duration and paler than natural ; in other cases, the flow is suppressed for a number of months, reappearing in a hemorrhagic form, and lasting two or three weeks, accompanied with symptoms of painful menstruation ; between the monthly periods, there is more or less leucorrhœal discharge. Sometimes, however, the reverse of this is the case, the vagina being hot and dry ; at other times, the discharge is of a disagreeable odor. Itching of the external parts, is a troublesome symptom, in some cases. The bowels are often constipated, and when a movement takes place, the pain is greatly aggravated. The urinary organs are often affected, there being in some cases, a frequent desire to pass water, which is accompanied with a smarting and otherwise disagreeable sensation about the neck of the bladder ; there is more or less derangement of the stomach, as nausea and vomiting.

Some patients complain of a pain in the top of the head, the breasts are often tender and painful. In some constitutions, the sympathy between the womb and other parts of the organism, is abnormally acute, in others, the opposite condition is observed ; we therefore meet with cases where serious uterine difficulties exist, without the person being aware of it from any particular disturbance of the system ;

others again, will suffer exceedingly from a slight difficulty.

TREATMENT.—In most cases, six or eight leeches, applied to the uterine region, will have a good effect, to be repeated if necessary ; hot fomentations to the bowels, a hot sitz bath, or a blister on the lower part of the bowels, also, frictions with tartar emetic ointment ; mecurial ointment, or Iodide of potassa half a drachm, iodine ten grains, lard or mecurial ointment one ounce, a piece the size of a small hickory nut well rubbed in once or twice a day. Injections up the rectum, of water, half a tea-cupful, and thirty or forty drops of laudanum, or a tea made of poppy heads, to relieve the pain. Injections of cold water, continued for a number of days, or four grains of iodide of potassa in about four ounces of water, twice or three times a day, has been found of great service in reducing the engorgement ; by using this small quantity of water, the patient will be able to retain it longer. Astringent injections up the front passage may be resorted to if the acute inflammatory stage is passed ; for this purpose, solutions of tannin or sulphate of zinc may be used ; as the neck of the womb is generally more or less affected, the solid nitrate of silver, applied to it freely once a week, will have a good effect, or a solution of twenty to thirty grains of nitrate of silver, in half a pint of water, one or two ounces of this may be injected up the vagina night and morning ; leeches applied to the neck of the womb will often produce a favorable result.

If the patient is of a full habit, repeated bleedings from the arm may be indicated. Internally, ergot has been used with very favorable results in many cases, as fifteen or twenty drops of the tincture, or eight or ten grains of the freshly powdered drug, three or four times a day; also the following mixture :—iodide of potassa, half a drachm, extract of dandelion, two drachms, tincture of Peruvian bark, or tincture of gentian, two ounces. *Dose*, a tea-spoonful, three times a day, in two or three table-spoonsful of water, before eating. The general health should be attended to, the relish for food and strength improved, by such tonics as have been previously recommended in like conditions, with iodide of iron, and others of this class. The bowels should be kept open by gentle laxatives, as citrate of magnesia, or the following mixture :—sulphate of magnesia, one ounce, cream of tartar, one ounce, water, one pint. *Dose*, two or three table-spoonsful, night and morning, or according to the effect.

CHAPTER XII.

ULCERATION OF THE WOMB.

THE mouth and neck of the womb is covered by a mucous membrane, continuous with that which lines the cavity of that organ, and like all mucous surfaces, may become ulcerated. Yet an ulcer of these parts, according to the strict definition of the term, does not occur so frequently as is generally supposed, if we except syphilitic contagion, or cancerous degeneration. Cases are often met with, however, that have been treated for ulceration of the womb, when no ulcer existed; abrasion, or excoriation, a condition very often observed in chronic engorgement, having been mistaken for, or considered actual ulceration; and there is no doubt, but that an excoriation of the mouth of the womb, may, under favorable circumstances, finally result in erosion, which may be considered the simplest form of ulceration. By favorable circumstances, is meant a continuation of the engorgement, or congestion of the uterus.

"When the erosion of the neck of the uterus, such as we have described, is for a certain time left to itself, or when it is for a long time submitted to the deleterious influence of exterior causes, as, for example, uncleanness, venereal excesses, or repeated parturition, it is transformed into profound ulceration,

accompanied by a loss of substance. In place of the erosion, which at first, scarcely presented a sensible depression, we see developed numerous globular vegetations, scarcely of the size of the head of a pin, sometimes very close together, sometimes widely separated from each other."*

This form is called granular ulceration, and consists of an engorgement, or hypertrophy of the little glands about the neck of the uterus. Ulceration of the womb, depends upon inflammation of that organ, either chronic or acute, most commonly the former; and the symptoms, probably, are due more to the condition the womb is in, than to the ulceration, for it would be rare indeed, to find an ulcerated womb, in every other respect healthy. The symptoms, therefore, will resemble to a greater or less extent, those of chronic engorgement, and as in the previous difficulty, owing to some peculiarity of constitution, it may continue for a long time, without producing any great disturbance of the organism; usually, however, there is "pain in the back and loins, much increased by the erect posture, by exercise and constipation, extending around the pelvis, with sense of bearing down, internal heat, and frequent irritability of the bladder. She has, occasionally, pain on sitting down, and other symptoms, as in inflammation of the os and servix; the catamenial periods are either too profuse, or are irregular and frequent, and during the intervals, there is more or less muco-purulent discharge. The health

*Scanzoni on Diseases of Females, page 219.

begins to fail; she grows pale, sallow and feeble; the digestive organs are deranged, and besides showing the usual appearances of this condition, the tongue has a rough, short napped fur upon it, which is characteristic of co-existing irritation. On examination, per vaginum, the os uteri is low in the pelvis, swollen, hard and tender, the mucous membrane is soft, and thicker than ordinary, so that, as in an irritable breast, it is easy to distinguish the soft covering from the indurated glandular tissue beneath; the lower part of the uterus is harder, larger, and more tender than natural."*

The bearing down sensation, frequently the principal symptom complained of, will be more or less, according to the misplacement.

TREATMENT.—This will consist in improving the general health of the patient, and removing the inflamed, congested condition of the womb; for this purpose, the treatment recommended under that head, will be indicated, to a great extent, in this. The local application of tannin, alum, sulphate of zinc, or sulphate of iron; also, the nitrate of silver solution, will be sufficient for the simpler forms of ulceration, but as the disease becomes more aggravated, the solid nitrate of silver, or caustic potash, also the acid nitrate of mercury, or a strong solution of iodine, care being taken to protect the mucous membrane of the passage from the action of these violent caustics. If there is much misplacement of the womb, this must be corrected. A tepid

* Rigby on Female Diseases, page 106.

hip or sitz bath, every day, or every other day, and injections up the front passage, of warm water, are necessary to the cure, as well as comfort, of the patient; washing out the vagina occasionally, with a tea, made of chamomile flowers or marsh-mallows, will be found soothing and grateful, also an injection up the vagina or rectum, of poppy-head tea, will be of service in relieving the pain. The bowels should be kept in a soluble condition by mild cathartic medicines.

CHAPTER XIII.

CANCER OF THE WOMB.

Medical writers consider this disease according to the various aspects it assumes. Yet, for all practical purposes, it may be regarded as an ulceration of the mouth or neck of the womb, or both, more or less rapid in growth, destructive to the parts affected, and fatal in its termination. Depending, in the first place, upon inflammation, and modified in its action by peculiarities either general or local, as for instance, a scrofulous condition of the womb; should this organ, in this state, be attacked with cancer, it would naturally assume a form not observed in another case, where this peculiarity did not exist. Also, the intensity of the inflammation, the particular tissues implicated, the amount of engorgement or congestion of the womb, previous to

the canerous affection becoming manifest, would all exert a modifying influence. In regard to the causes of cancer of the womb, little is known positively ; the reason of this is, physicians are not generally consulted until the disease has made more or less progress ; they are, therefore unacquainted with the previous condition of the uterine organs. Among the causes, are enumerated injuries to the womb by instruments, to produce abortion, and expedite difficult parturition ; frequent child-births ; yet it is said to occur more frequently in females who have never conceived ; this would seem to imply some previous uterine or ovarian disorder, which, no doubt, is the case ; and were it possible, in all cases of cancer of the womb, to trace the previous history of the female back to the first appearance of menstruation, we should find, that at some period of her life, between the age of puberty and the development of cancer uteri, she had suffered, to a greater or less extent, from abnormal menstruation. In this view, we leave out those cases of cancer that can be traced to some other known cause. But in the absence of further information, what more prolific cause could there be, than faulty menstruation. Child-birth is a natural process ; it is the destiny of women to increase and replenish the earth, and does not necessarily entail disease upon her who who fulfils this mandate of the Creator ; we ought, therefore, to expect this result, only in such cases where the reproductive process was performed under adverse circumstances. The menstrual function

is also a natural peculiarity of the sex ; appearing and disappearing, month after month, and year after year, causing no disturbance of the system when not perverted by abnormal action. But we have shown that the female reproductive organs, are extremely liable to disease at any period of menstrual life ; that this liability is greatly enchanced at puberty, very often from mismanagement or improper treatment, resulting in acute or chronic ovarian or uterine inflammation ; this, in its turn, resulting in congestion or engorgement of the womb ; and we have seen this condition remain for any length of time, producing more or less derangement of the menstrual function. Again, it is stated, that cancer of the womb is more apt to make its appearance about the time for the cessation of menstruation, than at any other. Why should this period conduce to its development more than any other, if the mode in which the menstrual function has been previously performed, has nothing to do with the development of this disease ?

Hereditary transmission is recognized by medical writers, as a cause of cancer. This implies a peculiar principle in the circulating fluids, which, under certain influences, attacks the womb or breasts, and assumes the malignant form of cancer. Between these organs, there is a strong sympathetic action, manifested by the influence exerted on them by pregnancy. Some women know that they have conceived, a few days after it has occurred, by the sensations experienced in their breasts, aside from

any other symptoms they may have. And in cases of obstructed menstruation, the show has made its appearance, in consequence of applying warm poultices to the breasts; also in tumors of the womb, the breasts have been known to enlarge, and result in the secretion of milk, as in true pregancy.

That cancer should attack the uterus and breasts, in preference to any other parts of the female organism, is just what might be expected, if we consider the fact, that during the thirty years of menstrual life, the womb is called into action by a periodical afflux of blood into its tissues, and the breasts become altered in texture by pregnancy, lactation and various uterine diseases. A woman dies of cancer; her daughter, on arriving at the turn of life, or previously to this critical period, is also a victim to the same disease. Now, this does not prove that cancer, as a special disease, is hereditary, for such cases do not occur often enough to substantiate the assertion; it is a mere coincidence, as though a person has a fall, and breaks a limb; the daughter, at some time of her life, the latter part, it may be, meets with the same calamity; now, no one would argue that the breaking of the limb was a hereditary peculiarity.

But is there no such thing as hereditary disease? Certainly there is, and it plays an important part in the mortality reports of all ages, and both sexes. We see sickly children, who have inherited a weakly constitution from their parents, probably the only legacy they were able to bequeath to them; but

it may not be in the form of scrofula, consumption, or cancer, yet it is a feebleness of the vital forces, that may be developed into either of these complaints. It is said that some constitutions are more predisposed to cancer than others ; granted, and the same may be said of other diseases. Three persons, for instance, are exposed to the same influence, cold ; one will have inflammation of the lungs, another rheumatism, and the third, bilious fever ; these several diseases, induced by the same cause, and each assuming its particular form, in consequence of some previous condition of the system, is an every day occurrence. As a further illustration, take the consumptive, with his ulcerated lungs ; there was a time when he was little suspected of being a victim to this disease ; his constitution, however, never of the strongest, with more or less weakness of the breathing apparatus, the lungs performing their office with labor and difficulty ; he takes a cold, it settles upon the lungs, and they, not possessing sufficient vital action to repel the enemy, yield an easy prey to its devasting influence. Again, a female child inherits a feeble or scrofulous habit, her mother may have had a cancer or not. She comes to puberty as well prepared, physically, it may be, for the great change that is about to be ushered in, as girls in general ; menstruation is finally established, without any great disturbance of the system ; but, from some of the causes which have been previously mentioned, the flow has been obstructed, congestion of the tissues of the womb

follows, to a greater or less extent; after a time, the monthly discharge is re-established, and she goes through the pains and penalties of child-birth, several times, it may be, during the reproductive season; suffering, in the mean time, more or less from menstrual derangement, leucorrhœa, or misplacement of the womb. At last, the second critical period arrives, and from symptoms which now manifest themselves, she is found to be afflicted with cancer. Now, who will say that the first menstrual difficulty may not be the exciting, and the scrofulous habit the predisposing cause of her future sufferings?

We know that chronic inflammation may attack any of the mucous or serous tissues of the body, and remain, as such, for years or for life; that it may assume a chronic form, independent of an acute attack, aggravated from time to time, as in rheumatic and bronchial affections, from a sudden atmospheric change, or exposure to cold and wet. In regard to the first uterine affection, we have no knowledge that it was ever entirely removed; it is, therefore, more than probable that the alteration of the tissues of the womb, a necessary consequence of congestion, has rendered this organ more obnoxious to the development of malignant disease, than it would have been, had this condition never existed.

The cause of cancer is of more importance than the treatment, for when the uterus is in that condition, recognized as cancerous, it is rarely cured. That certain indurated and ulcerated conditions of

the organ, simulating this disease in some respects, have been cured, is readily admitted; and further, that all such abnormal conditions of the womb may be brought to a favorable issue, under judicious treatment, if taken in season. But that confirmed cancer has met with such a favorable termination, is more than doubtful.

"Cancer may develope itself at any period of life; but it is very rare for that of the uterus to make its appearance earlier than at twenty-five years; nevertheless, we have observed, and writers have reported, several examples of uterine cancer, even before twenty years of age. From the statistical researches we have been enabled to make in hospitals, from our particular practice, and especially from the works published on this subject, we have found, by following the order of frequency, that this frightful malady appears most commonly at the age of from forty to forty-five years, then from thirty to forty, from forty-five to fifty, from twenty-five to thirty, from fifteen to twenty, from fifty to sixty, and finally from sixty to seventy. It may be seen, from this table, that cancerous affections of the uterus are the more frequent, in proportion as that organ is in a greater state of activity, and when it begins to pass into the physiological inertia of the critical age."*

Symptoms.—At first, the symptoms may be so slight, that the disease has made considerable progress before any suspicion is excited, particularly

* Colombat on Females, page 336.

if the patient has suffered from any previous uterine ailment; as, in that case, she would be apt to consider them as nothing more than an old complaint, which had previously afflicted her; the hemorrhage, also, which often occurs in cancer, might be mistaken or considered the change of life, which was working upon her, if it occurred at the age when she was expecting this change. In fact, the symptoms of cancer do not differ from many other uterine diseases, as much as would naturally be expected; the pain and discharge, and even these are not observed in many cases; pain, at some stage of the disease is probably the most usual symptom, and "when present, it is generally constant, but aggravated by very severe paroxysms, which, commencing in the region of the uterus, shoot through the pelvis and loins, and down to the anus and thighs. So limited, and yet severe, is this about the rectum, and lower part of the spine, that I have had patients in advanced stages of cancer, who came to consult me, for what they assured me, was only bad piles. In some cases, the warmth of the bed appears to increase the suffering."*

As the disease advances, the pain usually increases in severity. It is sometimes described as a burning, stabbing pain, as though knives were plunged into the body. There is more or less derangement of the menstrual function, sometimes greatly increased, appearing in gushes, or a constant flow, also frequent suppressions.

* Churchill's Diseases of Women, page 252.

"Some women experience a sort of voluptuous pruritus in the genital parts, especially at the vulva, which inclines them to coitus and illicit manœuvres; the conjugal act generally, but not always, causes more or less acute pain; to these symptoms are added acute and transient pains in different parts of the body, especially in the breasts, which become firmer and larger; attacks of hysteria, unusual melancholly, extreme disgust for food, strange longings, and finally a general uneasiness, which cannot be accounted for, until all doubts are removed as to the existence of the disease."*

When the disease comes on after menstruation has ceased, the woman sometimes imagines that this function has returned, and experiences little apprehension until a serious hemorrhage takes place, which induces her to seek advice. Another pretty general symptom of cancer uteri, is a more or less constant discharge, of very disagreeable odor, unlike any other in quality or offensiveness, to which the generative organs are liable.

"The color of the discharge varies from a dirty white to a dark brown, green or black; now and then it receives a tinge of color from the admixture of a small quantity of blood."†

An examination causes considerable pain, and the neck of the womb is found to be tender, and bleeds at the touch; the mouth of the womb is more open than natural, and the edges considerably thickened; the whole body of the organ becomes enlarged

* Colombat on Females, page 337. † Ib. page 253.

and immovable, from increase of size, and from the attachments it forms with the surrounding viscera.

"The stomach soon sympathizes with the organic distress. The appetite gradually diminishes, and ultimately almost ceases; digestion is performed very imperfectly; the patient complains of nausea, with occasional vomiting, and sometimes of a burning heat in the region of the stomach, extending to the intestines. There is intense thirst. Diarrhœa alternates with constipation, and it is difficult to say which occasions the most distress."*

The discharge is sometimes so acrid, that it excoriates the external parts, and inside of the thighs, adding greatly to the distress of the patient. The sleep is disturbed and unrefreshing, an anxious, distressed look about the countenance, indicative of great suffering, emaciation and swelling of the extremities, profuse hemorrhages, despair and death.

Treatment.—As to the treatment of confirmed cancer, little more can be done than simply make the patient as comfortable as may be, while laboring under this frightful malady. Local remedies are resorted to in all stages of the disease, to check the hemorrhage, retard the ulceration, and cleanse the parts. To fulfil the first indication, the different caustics are resorted to, nitrate of silver, acid nitrate of mercury, caustic potassa, arsenical paste, chloride of zinc, and others; the first and last named

* Churchill on Diseases of Women, page 255.

preparations will be found as useful as any. Removing the diseased portion of the womb, by the knife, has been done many times, but the universally fatal results, makes the operation very unpopular, particularly in this country. The whole uterus has been removed for the cure of this disease, but the operation has resulted in death, as might have been anticipated. From the results observed in the application of the hot iron to cancer uteri, it would seem to be worthy of much more extended practice. The patients, however, experience a dread of this remedy, yet the pain resulting from it is much less than that caused by some of the caustic preparations.

In some cases of violent hemorrhage, where the life of the patient is in danger, plugging the vagina, as recommended in uterine hemorrhage, has been resorted to; and internally for this purpose, ergot in powder or tincture, also injections up the vagina of solutions of nitrate of silver, alum, sulphate of zinc and other astringents, will be of more or less advantage; great relief will be derived by injecting up the vagina flaxseed tea, about four ounces, and tincture of conium two tea-spoonsful, or a tea-spoonful of laudanum instead of the conium, and other remedies of this class. To remove the disagreeable odor, the vagina should be washed out occasionallly with a solution of chloride of soda or of lime; cleanliness is of great importance in this disease, it adds much to the comfort of the patient; for this purpose, simple water is used.

Even in health, there is as much necessity for a woman to wash out the vagina every day, as to wash any other part of the body; and were it more generally practiced, it would assist very much in keeping the passage free from that weakness so common to the sex. The internal treatment is of the greatest importance, whether considered as alterative, in the early stage, or palliative, in the more advanced stage. In regard to the former, the earlier they are resorted to, the greater will be the benefit derived from them. To this end, the following preparation will often have a good effect, iodide potassa thirty grains, fluid extract of sarsaparilla four ounces, fluid extract of yellow dock four ounces; *Dose*, one teaspoonful three times a day, which may be increased to twice this quantity, also Lugall's solution of iodine, citrate of iron, and other preparations of this class. Fowler's solution of arsenic, in eight or ten drop doses, gradually increased to the full dose, and iodide of arsenic one twentieth to one fifteenth of a grain, twice a day, have been highly recommended, as the disease becomes fully established; at this time, also, the different narcotic preparations are required, as camphor and henbane three to six grains at night, also opium, laudanum, morphine or black drop. Conium has had a favorable reputation in this disease.

The pain in the lower part of the back is often greatly relieved by injections up the rectum, of flaxseed or marsh-mallow tea, with laudanum, or watery extract of opium; also by a decoction of poppy

heads. A blister to the sacrum, sometimes does good, particularly if, to the blistered surface, morphine is applied; it greatly mitigates the pain. The bowels should be kept open with saline purgatives, as they are less irritating than many others of this class. Animal food should be used in moderate quantities, and other articles of diet that are nutritious and easy of digestion. Some cases may require general or local bleeding, but they are rarely met with. The disease called coroding ulcer of the womb, differs so little from the one just described, if not indeed the same in one of its forms, calls for no special description, as both may be induced by the same cause, and characterized by the same symptoms, to a greater or less extent; they both eat and destroy the parts attacked, and both result in death. The treatment applicable to one, applies equally to the other.

The woman should bear in mind, that a disease of the womb, capable of producing simple ulceration, may, in a weakly or scrofulous constitution, degenerate, by neglect of proper treatment, into the malignant disease previously mentioned. The importance, therefore, of attending to the first symptoms of abnormal action of the reproductive organs, must be apparent to all. The majestic oak, towering in its might above the trees of the forest, grew from a little acorn. Thus it is with many serious diseases, to which the human organism is liable, springing from small beginnings; some little gland or organ, considered of minor importance, so far as

it may be individually concerned, takes on a diseased action, the surrounding parts become implicated, and by neglect, continues to spread, until some vital part is reached, and death is the result. Bear in mind, then, that every part of the human body is a part of the complete whole. That like a complicated and wisely constructed machine, there must be harmonious action in all its parts, to ensure happiness and health.

CHAPTER XIV.

MISPLACEMENTS OF THE WOMB.

By referring to what has previously been said, in regard to the position of the womb, we shall find that it is suspended in the pelvis, between the bladder and rectum, and resting on the upper part of the vagina; the ligaments attached on each side, assist in maintaining it in the upright position. From this short sketch of its anatomical position, and relation to surrounding parts, it is evident that the womb must necessarily be liable to various deviations from its natural position. And from the important nervous connections, a misplacement of the organ would cause more or less suffering, and difficulty in evacuating the rectum and bladder. Among females, this disease is well known, and by

them is called falling of the womb ; it is a very common complaint; young or old, married or single, being alike subject to it. Yet it is more frequently met with in married women, and in those who have had several children, more frequently than any others.

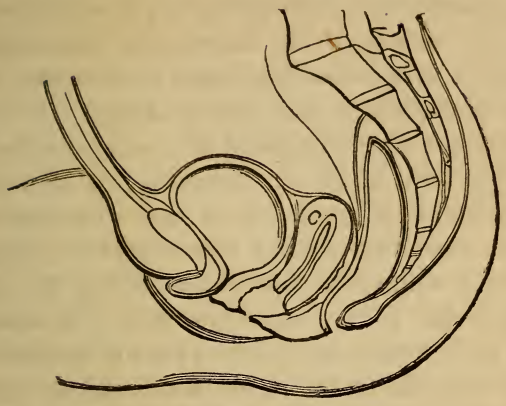
There are several ways in which the womb may be misplaced, as follows :—it may be turned, so that the top part of the womb will press upon the rectum, and the mouth of the womb against the bladder; or the mouth may be in its natural position, but the top presses on the rectum, as in the previous case ; when it is in this condition, it is more or less curved or bent, and the passage through the neck of the womb, becomes, in some cases, partially closed. There is another condition, the opposite of what has just been described, namely :—the top part of the womb presses on the bladder, and the mouth of the womb against the rectum ; or the mouth may be in its natural position, and the top part still press on the bladder. The upper part of the womb may, from weakness of the ligaments, and other causes, press upon the inside of the pelvis, opposite the hip, on either side ; when this is the case, the nerves and blood-vessels supplying the lower extremities, are compressed, producing numbness and pain. The womb may, from weakness of the walls of the vagina, and relaxation of the ligaments, come suddenly down to the external parts, or it may gradually settle down, until it protrude entirely through the external parts, and hang there,

like a tumor, between the thighs, until replaced; the womb may also be inverted, that is, turned inside out, as you would turn the finger of a glove, and in this condition, come out of the passage.

A very peculiar feature of the several misplacements, is the excessive pain, and other disturbances, complained of by some women, when the deviation from a natural position is but slight; other cases, again, are the opposite of this; great misplacements, causing little or no inconvenience. Suspended within the pelvis by supports that are liable to become weakened from various causes, we should not be surprised to find the womb often misplaced, particularly if we consider that "the risk of its displacement is further increased by the circumstance that its weight and size are subject to variations, and that the very causes which render it heavier and larger than natural, have the further effect of diminishing the power of those supports, by which it is retained in its natural position."*

Being, from its position, constantly pressed upon by the intestines from above downwards, and this pressure greatly increased by the different movements of the body, as in lifting, jumping, coughing and straining at stool, should the vagina become weakened from leucorrhœa, or the ligaments become relaxed, as in frequent child-births, the womb will fall as certainly as any other substance without the body, if the support on which it rests is removed.

* West on the Diseases of Women, page 123.



FALLING OF THE WOMB.—C, the Womb.

Falling of the womb is a rare complaint before puberty, but after menstruation has been established, the liability is greatly increased, particularly if there is leucorrhœa or derangement of the menstrual function; as the former produces relaxation of the vagina, and the latter has a tendency to increase the weight of the womb. When the vagina is in a healthy condition, its walls are in close contact, and possess a power of resistance, which is not the case usually, if leucorrhœa is present. It is, therefore, more a weakness of the vaginal walls, that induces or predisposes to falling of the womb, than relaxation of the ligaments. If there is leucorrhœa, obstructed or painful menstruation, the womb is probably more or less affected with chronic inflammation, or engorgement; in either case, it being larger and heavier than natural, it is more prone, than in a healthy condition, to prolapse.

Pregnancy and child-birth, act as a predisposing cause of falling of the womb, by increasing the weight of that organ, but more particularly, by the great distention of the parts, necessarily resulting from labor ; and by getting up too soon after child-birth at full term, or abortion at any period, the woman is very liable to this complaint. Too violent exercise, during menstruation, sometimes results in falling of the womb ; while the show is present, the parts connected with the uterus are more or less open and relaxed than at another time ; hence it is, that a fright, or fall, jumping, riding on horseback, or violent coughing at this particular time, has been known to produce this difficulty.

Symptoms.—If the misplacement comes on suddenly, as from a fall, or lifting a heavy weight, the pain is usually very severe about the lower part of the back, extending through to the groins and lower part of the bowels. When it is more gradual in its occurrence, the pain is more or less constant, particularly when the woman is on her feet, of a dull, dragging kind, with a fullness of the pelvis, and pressure on the bladder and rectum. Some women are obliged to press the womb up with their finger before passing water. When lieing down, the womb frequently goes up of itself ; hence it is, that a person afflicted with this complaint, feels less inconvenience from it when in the recumbent posture, but as soon as they get up on their feet again, it returns. In some cases, where it is only a little lower than natural, the distress is greater than in

others, where the whole organ is entirely without the body; pain, as a symptom, therefore, cannot be relied upon, as it may be very severe, or but slight. The bearing down sensation is complained of in most cases. Leucorrhœa is often present, and as before stated, is the cause of the falling many times. The stomach sympathizes with the misplaced womb, as in all other uterine complaints, resulting in more or less derangement of the general health.

Treatment.—Bleeding from the arm, and leeches applied to the neck of the womb, may be necessary in some cases, where there is considerable inflammation, and congestion of the womb, which is often the case in this complaint; also astringent injections up the vagina, to restore its tone, and check the leucorrhœa, such as the following, nitrate of silver, twenty to forty grains, to half a pint of water; decoction of oak bark and alum; sulphate of copper, or sulphate of zinc two drachms, water one pint, and other astringent preparations, as recommended for leucorrhœa. Rest in the recumbent posture will be of great benefit; half a pint of cold water injected up the rectum two or three times a day, will do good in many cases. Tonics will be required, to improve the general health, and some of the preparations of iron will be of great service in this complaint.

If the falling of the womb occurs in elderly women, and also in other cases, if the uterus has come entirely out of the body, after being replaced, some support may be necessary to keep it within

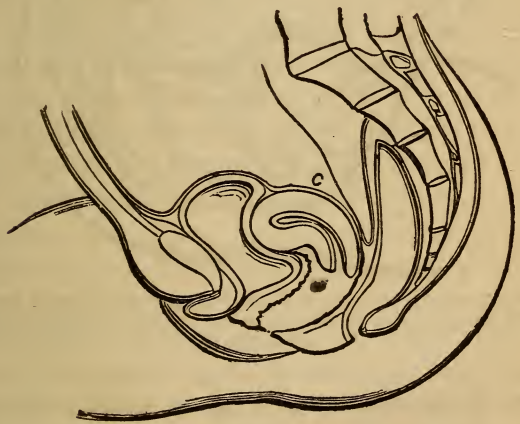
the body; for this purpose, a bandage from front to back, passing between the thighs, with a pad covered with oiled silk, about two inches wide, and three or four inches long, placed so as to press up against the front passage, will keep the womb in the vagina; this bandage should be attached in front, and on the back, to one passing round the hips; instead of the pad, a roll of fine cambric or linen, about four inches long, wet with alum water, or some other astringent, may be introduced up the vagina, and secured there by the bandage; this makes a very convenient pessary, and one that the woman can make and use herself; but it should be removed every day, cleansed, and introduced again; in many cases, she need not use it except when on her feet about the house.

Pessaries of various kinds are used, but the principle on which they act is the same in all; whatever will keep the womb in its place, with the least trouble and inconvenience, is the best. Some use a piece of sponge for this purpose, but it often causes so much irritation, that it is soon laid aside; if used, it should be often removed and cleansed. The bowels should be kept regular with saline aperients.

The perineum is sometimes ruptured in childbirth; in such a case, the space between the front and back passage is more or less lacerated; it may be partial, or entirely ruptured; in the latter case, both passages are torn so as to form one outlet. With this condition of the parts, a falling of the

womb is rarely cured without a surgical operation, by bringing the torn surfaces together, after having first made them raw, and keeping them thus until they unite, which is not always followed with this favorable result.

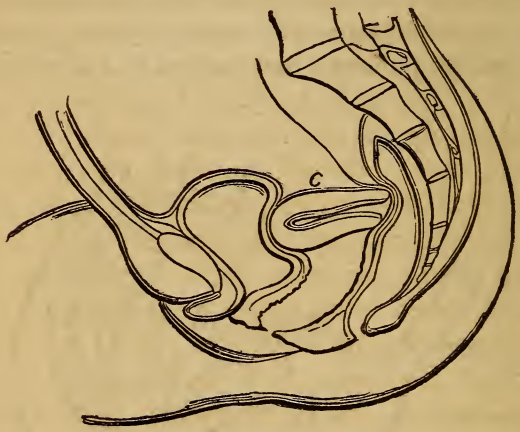
Some remarkable cases of falling of the womb are recorded, where the organ having been forced through the external parts until it hung like a tumor between the thighs, in which condition the female has gone about her work as though nothing was the matter; also of its having been entirely removed by the ligature and knife, with a perfect recovery of the patient; but such cases are extremely rare.



ANTEFLEXION OF THE WOMB.—C, the Womb, the upper part pressing on the Bladder.

Anteflexion and anteversion of the womb is a misplacement of the organ, to which females are liable

at any time. It may occur before puberty, but is more frequently met with after child-birth and abortion. In anteflexion, the womb is tilted over, and presses on the bladder; the mouth of the womb is in the natural position, or nearly so. In anteversion, the upper part of the womb presses on the bladder, as in anteflexion, but differs from that in respect to the position of the mouth of the organ, which is pressing on the rectum. The womb is, therefore, crosswise in the pelvis, and must give rise to more



ANTEVERSION OF THE WOMB.—C, the Womb, turned crosswise in the Pelvis, the upper part pressing on the Bladder, and the mouth of the Womb pressing on the Rectum.

or less inconvenience, which is usually the case. The pressure on the rectum, in some cases, produces pain in that region, and costiveness. There is pain in the lower part of the bowels and loins, with a frequent desire to pass water, from the pressure of

the upper part of the womb on the bladder, which is frequently in an irritable condition from this cause. The monthly periods are not usually much affected; one peculiarity, however, is mentioned by some women, that when on their feet, the flow is much less than when lieing down; in regard to the anteflexion, the monthly periods may be partially obstructed, in consequence of the bent or curved condition of the neck of the womb.

Causes.—Anything that increases the weight of the upper part of the womb, as chronic engorgement or congestion, the result, in some cases, of a cold, taken at a menstrual period. Pregnancy has this effect, but if it happens from this cause, it is usually before the third month. Immediately after child-birth or abortion, the womb is in a favorable condition for this misplacement, the ligaments are more or less relaxed, consequently it yields more readily to the pressure of the bowels from above, and is pressed over, either front or back. It may also be caused by a tumor, a fall, or over distension of the bowels, from costiveness.

Treatment.—The cause producing the misplacement must be removed before it can be cured; when this is accomplished, the womb usually resumes its natural position, unless it has formed attachments in consequence of peritoneal inflammation. If it has come on immediately after child-birth, the bowels should be freely evacuated, and the woman confined to her bed for a number of days, and lie on her back as much as possible; the

womb will thus, from its own weight, have a tendency to seek its natural position.

RETROFLEXION AND RETROVERSION.—This is an opposite misplacement from that just described, and more frequently met with. In retroflexion, the upper part of the womb is turned over into the hollow of the sacrum, and presses on the rectum; the

RETROFLEXION OF THE WOMB.—C, the Womb, the upper part pressing on the Reetum.

mouth of the womb is in the natural place. In retroversion, the mouth of the womb presses on the bladder, or some portion of the water passage, and the upper portion of the womb is in the hollow of the sacrum, as in retroflexion. By referring to what has been previously stated, in regard to the position of the internal organs of generation, we shall find that the womb is situated between the bladder and rectum, that it is suspended in this po-

sition by the ligaments on each side, and rests on the upper part of the vagina ; to maintain this position, there must be a normal condition in all the parts ; if there is a weakness of the walls of the vagina, the womb falls too low down in the passage, and if the ligaments are relaxed, it may tip over, front or back, or it may incline to the right side or the left, from the same cause. To produce either form of the misplacement, there is only necessary a sufficient force to overcome the action of the several parts, which assist in maintaining the womb in its

RETROVERSION OF THE WOMB.—C, the Womb, turned crosswise in the Pelvis, the upper part pressing on the Rectum, and the mouth of the Womb pressing on the Bladder.

proper position. Retroflexion and retroversion of the womb, may be produced by the same causes that were mentioned in regard to anteflexion and anteversion, to which may be added, an over distension of the bladder, from an accumulation of urine.

Many females bring on this misplacement by going too long without passing water, and when, at last, they attempt to do so, they find, to their great surprise, that they are unable to relieve themselves; the bladder has become so full, that it has pushed over the womb; in other words, it is retroverted; the neck of the womb presses against some portion of the bladder, or it may press against the neck of the bladder, and prevent the urine from escaping; and if the difficulty is not removed in time, the bladder becomes so full, that it bursts, and death is the result. There are a number of such cases on record, or, as more frequently happens, there is a gradual dribbling of the water, to the great inconvenience of the patient. Violent exercise during menstruation, is sometimes a cause of this misplacement. When the show comes on, the womb being heavier than at other times, is more easily thrown out of place, by jumping, dancing and riding on horseback. Also, by being confined to the bed from sickness, the womb has a tendency to fall over into the hollow of the sacrum from its own weight, the parts being relaxed, and the woman lieing on her back; from the same cause, it may fall to the right or left side, or press upon the ovaries. A misplacement of the womb has occurred in young girls, from jumping the rope until they were greatly fatigued; a healthy exercise enough, if participated in with moderation, but injurious, if carried to excess. Although it may occur in females who have never been pregnant, yet women who have had a number

of children are more liable to it. Acute or chronic inflammation, and congestion or engorgement of the body of the womb, is often the cause of this misplacement. It may also occur during the first three or four months of pregnancy.

Symptoms.—If the retroversion or retroflexion occur suddenly, the patient usually complains of severe pain in the lower part of the back, extending through the pelvis to the groins, and inside of the thighs, and when it comes on gradually, there is more or less constant pain, and the bowels are generally constipated, from the pressure of the body of the womb on the rectum, and if the womb is in an inflamed condition, a movement of the bowels causes great pain: there is more or less pain and difficulty in passing water, or it may be entirely suppressed, from the mouth of the womb pressing on the neck of the bladder; a dragging sensation in the loins, pain in the ovarian region, extending down the thigh, with numbness, from the pressure of the womb on the ovary, nerves, and blood-vessels supplying the thigh and leg; a feeling of weight in the pelvis, and bearing down; pressure on the back passage, with a frequent inclination to go to stool. The monthly periods are sometimes affected; there may be a painful or obstructed menstruation, from the bending over of the womb, and partial closure of the passage through its neck. If the misplacement occur during menstruation, the show may be arrested, causing great distress.

"Retroversion of the uterus may terminate fatally, by one of three modes; either by irritation, by inflammation, or by sloughing of the bladder. In the first instance of this kind which I ever saw, death was produced by inflammation. The patient was in the fourth month of pregnancy. She had been suffering from retention both of urine and feces, nine days, and her abdomen was immensely distended. The village apothecary had been giving her nitrous ether as a diuretic. I introduced the catheter, by keeping the point close against the pubes, and drew off several quarts of urine, with which were mixed puriform and bloody streaks. She suffered great pain in the region of the bladder, accompanied with the usual symptoms attendant on inflammation; but in spite of bleeding and purgatives, she died. On examination, the uterus was found to participate in the inflammation of the bladder; it was still retroverted, though labor-pains came on, and she miscarried, soon after the urine was drawn off. It is generally believed that the uterus will regain its proper place, when relieved of its contents; in this case it was otherwise, the fundus being found, after death, below the promontory of the sacrum."*

Some women experience much less inconvenience than others from retroversion and retroflexion; this peculiar difference is owing either to the gradual manner in which the misplacement has occurred, or the want of that sympathetic action, between one part

* Gooch's Midwifery, page 118.

of the system and another, usually observed. There are very few cases, however, but what feel more or less weight and pressure about the rectum, and other symptoms previously mentioned, together with derangement of their general health, leucorrhœa, and difficulty in walking.

TREATMENT.—If there is retention of urine, it must be removed by introducing an instrument into the bladder, called a catheter, through which the water escapes; this is a simple operation when the internal organs are in their natural position, but a very difficult one in some cases of retroversion, from the pressure of the womb against the water passage; usually, however, by working cautiously, the catheter, either a round or flat one, can be introduced, and the urine drawn off; then by introducing the finger into the vagina, and pressing down the neck of the womb, carrying it backward and upward, the womb will occupy its due position; it may be necessary, in some cases, to press up the body of the womb, with a finger of the other hand introduced into the rectum at the same time. It often happens that there is little or no retention of urine, and by pushing up the body of the womb until it can pass the promontory of the sacrum, it shoots up into its position like a dislocated limb into its socket. In some rare cases of this misplacement, occurring during the early months of pregnancy, before the womb can be righted, it has been necessary to bring on a miscarriage, by introducing an instrument into the womb through the os uteri, and when this could

not be reached, to thrust a sharp pointed instrument into the lower portion of the organ, and let out the water; the womb then contracting, is more readily replaced, and abortion follows. When the womb is misplaced from pregnancy, it is usually before the fourth month, and unless the symptoms are very urgent, it had better be left to nature, as the gradual enlargement of the womb will soon correct the difficulty.

Retroflexion is more frequently met with than retroversion, and the distress arising from the pressure on the rectum, is often attributed to piles, which are often caused by it, and frequently exist with it. By referring to the natural position of the womb, suspended as it is within the pelvis, between the bladder and rectum, it would seem, at first sight, a very simple matter to cure any misplacement which might happen to it; yet experience teaches differently. It may be easy enough to introduce the uterine sound, in some cases, and place the womb where it should be; but it often happens that as soon as the instrument is removed, the organ returns to the unnatural position again, and nothing is gained; it is also a difficult matter to introduce the instrument into the womb, from the curved condition it is in, and when it is accomplished, the position of the womb being reversed, the instrument must be reversed, in order to enter the cavity of the organ. It is, therefore, to be introduced with the concavity down, and the handle of the instrument nearer the rectum than would be necessary,

if the womb was in the proper position to introduce the sound.

In cases of anteflexion and anteversion, the instrument must be reversed; by not observing these directions, the womb may be seriously injured, which has often occurred, by those unacquainted with the anatomy of the parts. After the instrument has reached the upper part of the uterine cavity, it is to be turned, by a gradual rotary motion, until the womb occupies its natural position. These cases of misplacement are usually of the chronic form, having existed a long time before any thing is done to correct them; in the mean time, the bent portion of the neck of the womb has become altered in texture, or weakened, together with a relaxed condition of the ligaments, which allows the uterus to fall back again. The womb being turned over, becomes engorged or congested, even if this condition did not exist before the misplacement, which is often the case; it is, therefore, larger and heavier than natural, and the weak supports are unable to maintain it in its due position, after being placed there. The misplaced womb may be bound down by adhesions, so that it cannot be elevated without tearing it loose. These several difficulties are often met with, particularly in retroflexion, which makes the cure a slow and tedious affair.

A retroverted womb may be kept in its natural position, by some kind of a pessary, and such as was recommended for falling of the womb, will probably answer the purpose; it has this advantage

over many others, the woman can make and use it herself; she can also be instructed to frequently push the neck of the womb backwards and upwards; in the meantime, if there is congestion or engorgement of the body of the organ, resort to the treatment recommended under that head.

But in retroflexion, the mouth of the womb, if not in its natural position, is nearly so; in these cases, pessaries do little good, and the woman cannot assist in the replacement, as in the former case.

In cases where the womb is turned over in front, and pressing against the bladder, if the woman lie on her back, it assists in restoring the organ to its natural position; but in retroflexion, the reverse is the case. She should therefore assume the opposite position, lying on the face, or on the knees and elbows. This position being more irksome than that recommended for anteflexion, it is apt to be discontinued so soon, that less benefit is derived than otherwise would occur, if it could be maintained longer. As long as the womb remains in a congested or engorged condition, it will not be very likely to assume its right place in the pelvis, even if it should be frequently replaced; it is, therefore, of the first importance to overcome the congestion by appropriate treatment. Cold hip or sitz baths do good many times, also injections of cold water up the rectum. The leucorrhœa will require its appropriate treatment. The bowels should be kept regular by gentle aperients; some cases may require general bleeding, or local, by cupping or leech-

ing. As the general health is more or less affected in all these misplacements of the womb, tonics will be required.

INVERSION OF THE WOMB.—The several mal-positions of the womb, which have been considered, being of common occurrence, and often easily cured, differs widely from the one now under consideration, being of rare occurrence, and one of the most serious accidents that can happen to a woman, as it usually results in the most fatal consequences.

Inversion, is a turning of the womb inside out, as you would turn the finger of a glove, and can only happen when the organ has attained a considerable size, as in the latter months of pregnancy, or from a tumor attached to the upper portion of the womb ; in either case, it is of rare occurrence, and most frequently met with soon after child-birth. The inversion may be partial or complete ; in the former, the upper portion, instead of being concave, becomes more or less convex, or depressed toward the external opening ; in the latter, it is turned inside out, and appears at the external orifice, or it is forced entirely without the body.

"The mechanism of an inversion of the womb is very easy to be understood. The fundus of the organ, which is carried downwards, by whatever cause, is depressed so as to become convex within, instead of concave, as in its natural state. This depression increases by insensible degrees, and passes, with more or less haste, through the different stages of inversion. As the internal face sinks

lower and lower, it drags with it the ligamenta lata, and ligamenta rotunda," (round and broad ligaments) " the ovaries and the fallopian tubes which, as we have before said, take the place that have remained void in the pelvis. Inasmuch as the womb ; immediately after labor, is in a condition most favorable to the occurrence of an inversion, that, in fact, is the crisis at which such an event is most likely to happen ; for it never could happen, except in consequence of a distension of the walls of the womb, caused either by the presence within it of an ovum, a polypus, or a mole, or the accumulation of a quantity of the serum of the blood within its walls."*

A polypus tumor, attached to the upper portion of the womb, may, by its size and weight, gradually force its way through the neck and mouth of the womb, until it falls without the body, dragging the uterus with it in an inverted condition ; or where the polypus has only entered the vagina, the inversion may be induced, by the efforts of the operator to remove the tumor, also by pulling at the cord to remove the after-birth, while the womb was uncontracted, has produced the misplacement.

" The most common cause of inversion consists in attempts to deliver the placenta immediately after the birth of the child, and before the womb has become contracted.

2. Too powerful efforts of traction upon the cord, while the placenta is still attached to the womb,

*Colombat on Females, page 181.

and the pressure of the intestines upon the fundus at the same time.

3. The prolonged efforts at bearing down, that some women make after the birth of the child, with a view more speedily to expel the placenta.

4. The spontaneous, violent delivery of the placenta, as happens when women are delivered in a standing posture, which often causes the sudden and simultaneous escape of the entire product of the conception, particularly if the umbilical cord happens to be too short, or twisted round the child's neck or body. Under these circumstances, should the placenta be adherent, and fail to become detached, or should the cord not break, an inversion would be the almost inevitable consequence."*

It may also occur when there has been no traction on the cord, but from irregular contraction of the womb.

Symptoms.—"While in simple depression of the fundus of the uterus, the morbid symptoms are limited to hemorrhage, which is sometimes very violent; the patient experiences, when the inversion is complete, especially if it is rapidly produced, a violent pain radiating from the uterus toward the sacrum and the groins. Often, at the same time, all the symptoms of a profound exhaustion of the functions of the nerves and the vessels are observed, such as repeated vomiting, syncope, violent chills, convulsive movements of various muscles, a peculiar expression of pain and anguish in the features of the

* Colombat on Females, page 181.

the countenance, etc. The vessels ending at the point where the placenta was adherent, remaining open, there flows out a considerable quantity of blood; and if this is not promptly remedied, the patients succumb with all the symptoms of anæmia. The symptoms are very different when the inversion is formed little by little, in consequence of an anterior depression of the uterus. The phenomena resulting from the shock to the nervous system, are here entirely absent, and the exit of the fundus uteri out of the os tincæ, or the vulva, is accompanied by more or less hemorrhage, repeated at unequal intervals; by continual pains in urinating, or in going to stool; by painful contractions of the uterus, spreading toward the sacrum and the groins; by gastralgia, and the numerous troubles which are developed in the course of anæmia."*

"When the uterus has become inverted, immediate hemorrhage takes place, which is quickly followed by faintness, and a sense of fullness in the vagina; and in the greater number of instances, almost by immediate dissolution."†

Death may also take place from the shock to the nervous system. If the woman survive the acute inversion of the womb, it may remain inverted for years, constituting the chronic form of this malady, and characterized by more or less inconvenience, distress and suffering.

"The patient is subject to occasional irregular

*Scanzoni on Diseases of Females, page 137.

†Newnham's essay on Inversion, page 86.

hemorrhages, and to a constant profuse mucous discharge, during the intervals, Every month, the surface," (of the womb) "is observed to be covered with red drops, which are, in fact, the menses. The patient complains of pain, a sensation of weight in the pelvis, and dragging from the loins. If the uterus protrude through the external parts, its sensibility will gradually diminish, in consequence of the formation of a kind of epithelium upon its surface; and if it be exposed to rude contact, or if acrid secretions are allowed to accumulate upon it, circumscribed inflammation may occur, followed by ulceration, either superficial or profound, and involving some danger to the patient, if not remedied. The constitution of the patient sympathizes deeply with so extraordinary an accident. After recovery from the state of exhaustion, or nervous depression into which she was at first thrown, the repeated hemorrhages and constant leucorrhœa will render her countenance pale and exsanguined, and subject her to various secondary symptoms, such as syncope, dropsical effusions, hectic, &c."*

In some rare cases, it is recorded that females have carried around with them in their daily avocations, an inverted womb, and suffered little inconvenience or distress; illustrating, in the most emphatic manner possible, that want of sympathy between different organs, which has previously been referred to. In this connection, Dr. West mentions a case, "recorded by Boivin and Dugés, of

*Churchill on Diseases of Women, page 328.

a woman, who was brought to one of the hospitals at Paris, six days after a labor, in which her womb had become inverted. Repeated efforts were made by M. Dubois, as well as by Madame Boivin herself, to replace the womb, but without success; and no symptoms being at the time present, the patient returned into the country by diligence, on the eighteenth day after her delivery. Nothing more was heard of her till five years afterwards, when she presented herself to Madame Boivin, with her uterus still inverted, though smaller in size than before. Some sense of dragging at the groins, a frequent desire to pass water when she was up, and exerting herself, and a discharge of a reddish mucus, recurring every fifteen or twenty days, and lasting for a few hours, were the only symptoms from which she suffered."*

Other similar cases are mentioned by different authors, substantiating the singular fact, that an inversion of the womb may exist for a long time, without giving rise to symptoms that usually occur, and would be naturally expected in all cases, from a knowledge of the parts concerned in the misplacement.

Treatment.—This will be modified according to whether the inversion is partial or complete, acute or chronic. If it occurs immediately after delivery, and the after-birth is not attached, the inverted organ is to be grasped with the hand well lubricated, and carried up through the os uteri, until it is en-

* West on Diseases of Women, page 183.

tirely replaced; then, before removing the hand, efforts should be made to bring on contractions of the womb; the hand may then be gradually removed; the presence of the hand in the uterine cavity, will frequently induce strong contractions, and expel it. If the after-birth is still attached to the inverted womb, some authors recommend removing it before, and others after replacing the organ. This part of the operation should be conducted according to circumstances. If it would not be losing valuable time, the after-birth had better be removed before attempting to replace the womb, as the efforts to remove it, might induce an inversion the second time. After being replaced, and uterine contractions established, the patient should be closely watched, and such anti-spasmodics, nervines and stimulants administered as the particular symptoms seem to indicate. If, upon careful examination, the womb is found to be partially inverted, it may be corrected by the uterine sound, or some similar instrument.

"In cases of chronic inversion of the uterus, it is ordinarily necessary to precede any attempt at reduction, by treatment intended to get rid, first, of any pathological alterations which the womb may present. For the proper treatment, we may refer to the chapter on chronic engorgement. When a voluminous polypus is the cause of the inversion, it is always necessary to remove it before attempting the reduction. But if these attempts are fruitless, and the reduction is impossible, we ought always to

attempt to push into the vagina, the portion of the uterus appearing opposite to the vulva, and to retain it there, by means of proper apparatus, in order to protect it against external influences."*

For this purpose, the bandage recommended in falling of the womb, will answer the purpose. Chronic inversion of the womb is rarely replaced; even a few hours has often been sufficient to render a replacement of the organ impossible by art, yet it has occurred spontaneously, after being inverted many months. Dr. Meigs mentions two cases, and others are related by several medical authors. There is no doubt that a polypus has been many times mistaken for the inverted womb, and may have been removed for one, by the knife or ligature; yet, it is not probable, that Dr. Meigs would make such a mistake, as he has great experience, and is abundantly able to diagnose correctly abnormal growths of the female reproductive organs.

"Distension and inflammation of the bladder may occur, involving considerable danger. The inverted uterus may be strangulated, and be separated by sloughing or gangrene, with great danger, although cases are on record, where this termination issued favorably."†

"This being the case, there is every encouragement, within certain limits, to effect that removal by art, which nature thus so beneficially accomplished. In this opinion, Sir C. Clarke fully coin-

* Scanzoni's Diseases of Females, page 141.

† Churchill's Diseases of Women, page 329.

cides. He observes :—'In those cases of inversion of the uterus, where the woman has passed the menstruating age, when her comfort is destroyed by the disease, and when the profuseness of the discharge threatens her with death, from the debility which it produces, it may be advisable to recommend the performance of an operation, which has been attended with success, viz., the removal of the inverted uterus itself.' How far it may be right to resort to this operation during the menstruating part of a woman's life, the author has no means of judging. The operation, however, has been performed during the menstruating part of a woman's life, with complete success. We may, therefore, conclude that the operation is perfectly justifiable, provided that the patient is in a fit state of health for an operation ; and secondly, that the uterus be not affected with scirrhus or cancer."*

The operation consists in passing a single ligature around the neck of the tumor, or the ligature may be passed through it double, tying both ways, which produces strangulation, and the inverted mass drops off in about two weeks. In some cases, the pain and other symptoms caused by the ligature, is so distressing, that it is necessary to loosen it until they have subsided, when it is again tightened, repeating this process until the tumor is removed. Tonics and stimulants will be required to keep up the vital powers, and emolient or astringent washes to correct the discharge. The after treatment will

*Churchill on Diseases of Women, page 337.

be modified according to the condition of the patient.

CHAPTER XV.

IRRITABLE UTERUS.

THE credit of first describing this complaint of the womb, is unreservedly given to the late Dr. Gooch, and it still retains the name by which he recognized it. The following is his description of it.

"A patient, who is suffering from irritable uterus, complains of pain in the lowest part of the abdomen, along the brim of the pelvis, and often, also, in the loins. The pain is worse when she is up, and taking exercise, and less when she is at rest in the horizontal posture; in this respect, it resembles that of prolapsus uteri; but there is this difference, that in the latter, if the patient lies down, she soon becomes quite easy, but in the complaint of which I am speaking, the recumbent posture, although it diminishes, does not remove the pain. It is always present in some degree, and severe paroxysms often occur, although the patient has been recumbent for a long time.

"If the uterus is examined, it is found to be exquisitely tender; the finger can be introduced into the vagina, and pressed against its sides, without

causing uneasiness, but as soon as it reaches, and is pressed against the uterus, it gives exquisite pain. This tenderness, however, varies at different times, according to the degree of pain which has been latterly experienced. The neck and body of the uterus feels slightly swollen, but this condition also exists in different degrees, sometimes sufficiently manifest, sometimes scarcely, or not at all perceptible. Excepting, however, this tenderness, and occasionally, this swelling, or rather tension, the uterus feels perfectly natural in structure; there is no evidence of scirrhus in the neck, the orifice is not mis-shapen, its edges are not indurated. The patient, finding her pain greatly increased by rising and walking, soon learns to relieve herself, by lying on the sofa, and at length spends nearly her whole time there. Notwithstanding this precaution, there is always a considerable degree of uneasiness, but this frequently increases to severe pain. These paroxysms generally come on, either a few days before menstruation, or (as is the case in many instances) a few days afterwards. If the paroxysm is properly treated, it subsides in a few days to the ordinary and more moderate uneasiness. Whilst this uneasiness is felt in the substance of the uterus, the general circulation is but little disturbed. The pulse is soft, and not much quicker than is natural; but it is easily quickened by the slightest emotion. In a few instances, however, there has been a great and more prominent excitement of the general circulation: the degree in which the health has been

reduced, has been different in different cases. A patient who was originally delicate, who has suffered long, and has used much depleting treatment, has been (as might reasonably be expected,) the most reduced ; she has grown thin, pale, weak and nervous ; menstruation often continues regular, but sometimes diminishes, or ceases altogether ; the functions of the stomach and bowels are not more interrupted than might be expected from the loss of air and exercise; the appetite is not good, and the bowels require aperients ; yet nothing more surely occasions a paroxysm of pain than an active purgative. Such are the leading symptoms of this distressing complaint. And to embody them in one view, let the reader fancy to himself a young or middle-aged woman, somewhat reduced in flesh and health, almost living on her sofa for months, or even years, from a constant pain in the uterus, which renders her unable to sit up and take exercise ; the uterus, on examination, unchanged in structure, but exquisitely tender ; even in the recumbent posture, always in pain, but subject to great aggravations, more or less frequently."*

According to Dr. Gooch, this abnormal condition of the womb, which he has described, is not a chronic inflammation of the organ. This statement, however, is disputed by good medical authority, and apparently the disputations are well sustained. Dr. Gooch says also, "I took it for chronic inflammation, which would end in disorganization,

* Gooch on Diseases of Women, page 267.

probably of a malignant kind; but experience, whilst it taught me that it was a very intractable disease, taught me also, that it was not a disorganizing one."*

Chronic inflammation of the womb is often of that low grade, existing, as in irritable uterus, for years, without producing sufficient disorganization of the tissues of the womb, to be discovered during the life of the patient; yet, this low grade of inflammation may produce the most intense suffering, in some cases, particularly of a nervous or hysterical temprement. Some females, also, suffer severe pain from a very slight misplacement of the womb, and others experience little or no inconvenience when the womb is greatly out of place, or even attacked with malignant disease. Whether regarded as inflammatory or not, the treatment of irritable uterus does not differ materially from that recommended for chronic inflammation of the womb, together with hyoscyamus and camphor, ammoniated tincture of valerian and other anti-spasmodics, as in hysteria.

*Gooch on Diseases of Women, page 266

CHAPTER XVI.

HYSTERIA.

This Protean malady of the female organism, presents itself under many different forms, modified somewhat, by the state of the patient; whether of a robust or plethoric habit, or of a weakly enfeebled constitution. It not only presents phenomena peculiar to itself, but it may also assume the form and symptoms of other complaints, at the caprice of the patient, or she may not be able to restrain her feelings or control her actions. Hysteria usually occurs between the fifteenth and forty-fifth years of age, whether married or single, rarely before puberty, or after menstruation has finally ceased; but is frequently met with about the time menstruation commences, and at the turn of life. The causes of hysteria are as various as the subjects of it are numerous. It is said to be hereditary, but more properly speaking, the constitutional peculiarity observed in hysteric patients is hereditary. The disease, not unfrequently, is developed by sympathy in families, schools, or in the wards of a hospital, as the following illustrations show. A mother has an attack of hysteria, her daughter being present, and witnessing her apparent suffering, is also seized with the same complaint.

"M. Andral relates the case of a young girl, who at a boarding school, fell into a paroxysm of hysteria in the presence of her companions; soon after, so large a number were attacked with the same disease, as to make it necessary to close the school for a considerable period."*

Dr. Watson states, that a case of hysteria, occurring in the wards of a hospital, is often immediately followed by a number of others similarly affected. Hysteria is often observed in females affected with chlorosis, and those who suffer from menstrual difficulties; painful menstruation being often attended with hysteric paroxysms. Colombat mentions as causes, "Uterine plethora; abuse of coitus; forced continence; masturbation; and all circumstances capable of producing, maintaining, or increasing irritation of the uterus, and especially of the ovaries. The disease may also have, as exciting causes, the instinct of imitation, the vivid emotions of the soul, such as transports of anger, fright, violent and sudden disappointment, the uneasiness produced by love, the reading of highly wrought works, erotic conversation, the sight of some ghastly and bloodly spectacle, or of a licentious scene, the impression produced by a tragical representation, or by sombre, mysterious, pathetic or too animated music."†

Women of a very sensitive, nervous organization are more predisposed to hysteria than others, their

* Colombat on Females, page 526.

† Colombat on Diseases of Females, page 526.

feelings are easily hurt by a word, or look, when no offence was intended, or some fancied slight or neglect, or something wrong in their household affairs, and a fit of hysteria is the result; the most trivial circumstances causing them to laugh or cry, at times all gaitey and mirth, at others sad and melancholy. Hysteric females often suffer from cold hands and feet, indicating a deficient nervous force, and unequal circulation. This complaint is much oftener met with amongst females living in cities, than the country; in fact, it may be said to be common in the one case, and rare in the other. This great difference depends upon the mode of living, and course pursued in the education of female children, to a very great extent; girls in the city are too much confined in crowded school-rooms, over taxed with studies, and deprived of that amount of out-door exercise required by all young creatures, to develope a healthy organization. On this subject, Sir Benjamin Brodie very happily remarks, as follows: "you can render no more essential service to the more affluent classes of society, than by availing yourselves of every opportunity of explaining to those among them who are parents, how much the ordinary system of education tends to engender the disposition to these diseases among their female children. If you would go further, so as to make them understand in what their error consists, what they ought to do, and what they ought to leave undone, you need only point out the difference between the plans usually pursued in the bringing up of the

two sexes. The boys are sent, at an early age, to school, where a large portion of their time is passed in taking exercise in the open air; while their sisters are confined to heated rooms, taking little exercise out of doors, and often none at all, except in a carriage. Then, for the most part, the latter spend much more of their time in actual study than the former. The mind is over educated, at the expense of the physical structure; and after all, little advantage to the mind itself; for who can doubt, that the principal object of this part of education ought to be not so much to fill the mind with knowledge, as to train it to a right exercise of its intellectual and moral faculties; or that, other things being the same, this is more easily accomplished in those whose animal functions are preserved in a healthy state, than it is in others."

It is quite probable, that the predisposition to hysteria, in the majority of cases, is acquired in consequence of the habits of the female. In cities and large towns, a large proportion of the female population are obliged to support themselves, as soon as they are old enough, (and often before) by some occupation, often a sedentary one, which induces habitual constipation, and as a necessary consequence, indigestion also, which is a frequent cause of hysteria. Several other causes are mentioned, as cold, resulting in checking perspiration, or suppressing the monthly flow, suppression of the lochia, leucorrhœa, and piles.

Symptoms.—As it may affect females of almost

every age and condition in life, the symptoms assume a variety of modifications, which are sometimes divided into convulsive and non-convulsive, and these again divided, by some authors. Yet, as often happens, in a hysteric paroxysm, the different forms are frequently observed to a greater or less extent, and for the sake of convenience, they may be considered together. At the commencement of the paroxysm, in many cases, the patient complains of faintness, and weakness at the pit of the stomach, confusion of ideas, ringing in the ears, and a sensation of fullness in the lower part of the abdomen; a ball appears to move about, mounting up to the stomach, where it seems to shoot up to the throat, producing a sensation of choking or suffocation. Some patients declare that they have felt the ball in their stomach dart up their neck, on one side, as high as the ear, where it explodes with a loud noise. They often complain of pains in different parts, as under the left breast, at the top of the head, or just over one eye, in the ovarian region, severe colics, and weight in the pelvis, and bearing down, rumbling noise in the bowels, and belching up of wind. Convulsive movements finally come on; she throws her arms wildly about, yawns and sighs, utters piercing shrieks, strikes her chest with her clenched fists, or clutches at her throat, tears open her dress, pulls her hair, and attempts to bite herself and those near her, draws up her legs, and then immediately thrusts them down again with a violent motion, rises up from a sitting posture, then throws

herself down again; or if sitting in a chair, will frequently slide out of it on to the floor, writhes and twists about with such force, that it is as much as two or three persons can do, to prevent a weak, frail woman, from throwing herself from the bed, and injuring herself. The head is thrown back, the jaws firmly shut, the eyes closed and tremulous, the breathing laborious, or the act of filling the lungs performed at long intervals, the nostrils dilated, the abdominal muscles violently contracted, then relaxed; when the attack is about passing off, the jaws relax, she opens her eyes, and looks wildly about, or sighs, moans, or bursts into immoderate laughter, or cries violently. In some cases, the first intimation of the paroxysm coming on, the patient is seized with a violent fit of laughing or crying, followed by shrieks at the top of her voice; she throws herself violently on the floor, moans, or falls into a state of insensibility, which lasts a few minutes or several hours, from which she seems to awake, as though nothing had occurred. In some cases of a full or plethoric habit, the face is flushed, a redness about the neck, hurried respiration, the heart beats violently, with throbbing of the temples, the veins of the neck swollen and turgid, the pulse quick and bounding, pain in the head, and delirium sometimes supervenes. In weakly women, the opposite condition is more frequently observed; the pulse is hardly perceptible, she complains of chilliness, the extremities are cold, the face pale and cold, and in some cases, there is

sickness of the stomach and vomiting. After the hysteric paroxysm is over, the patient often passes a large quantity of pale, colorless urine, and sometimes this occurs while the fit is on them. The attack sometimes comes on very suddenly, a cross word, anger, fright, good or bad news, being quite sufficient, with some women, to induce it. The hysteric paroxysm is sometimes preceded by a feeling of weakness, pain in the head or limbs, with coldness of the extremities, melancholy, numbness and cramp in the legs, yawning, and uneasy, restless feelings. Some women know by these and other sensations, which they are in the habit of having, that an attack is approaching, but are not often able to prevent it.

Hysteric subjects are often melancholy; when in company, they frequently assume a cheerfulness they do not feel; they prefer to be alone, sigh much, are sad, and cannot tell why; they think too much, and do not take sufficient out door exercise. It is common for women, subject to hysteria, to manifest some of the symptoms peculiar to this complaint, whenever they are sick from a confinement, or any other illness. In treating a case of this character, before forming an opinion in regard to it, the symptoms should be well analyzed, and not give too much importance to those of a hysteric nature, for hysteria rarely results fatally, although it often assumes symptoms of a very grave and serious character, and may mask those of really more consequence. Although an attack of hysteria usu-

ally terminates within a few minutes, or a few hours, cases are related by Colombat and others, where it has lasted a number of days ; the person remaining in a lifeless condition so long, pulseless and breathless, that they have been considered actually dead, and preparations have been made for their burial. In this connection, the following is from a note on page 531 of Colombat's work on Females.

"The *Journal des Savants*, for the year 1745, reports the case of Lady Russell, whose body remained for eight days without giving the slightest appearance of life, or the least sign of alteration. This person, who lived a long time after, was aroused by the sound of the bells of a neighboring church, whilst her husband, who vehemently opposed her inhumation, was holding her hand and bathing it with his tears. Joseph Raulin (Traité des effect, vapor, 1758) speaks of a hysterical girl, whose funeral he postponed, because her color had not entirely changed. The author adds, that in the course of a few hours the supposed corpse recovered her consciousness."

Such cases should not be considered as hysterical, they belong more properly to that curious malady called catalepsia, of which they form a very good type. Those subject to catalepsia, are usually females, and subject to hysteria ; the two complaints alternating, sometimes hysteria terminating in catalepsia, and the latter assuming the hysteric form. Dr. Gooch relates an interesting case of catalepsia,

showing some of the peculiarities of this singular complaint. The patient was attended by Dr. Sutherland and Dr. Gooch; the latter remarks as follows: "A few days after our first visit, we were summoned to observe a remarkable change in her symptoms; the attendants said she was dying, or in a trance; she was lying in bed, motionless, and apparently senseless. It had been said that the pupils were dilated, and motionless, and some apprehension of effusion on the brain had been entertained; but on coming to examine them closely, it was found that they really contracted when the light fell upon them; her eyes were open, but no rising of the chest, no movements of the nostrils, no appearance of respiration could be seen; the only signs of life were her warmth and pulse; the latter was, as we had hitherto observed it, weak, and about one hundred and twenty."

"The trunk of the body was now lifted, so as to form rather an obtuse angle with the limbs (a most uncomfortable posture) and there left with nothing to support it; there she continued sitting, while we were asking questions and conversing; so that many minutes must have passed. One arm was now raised, then the other; and where they were left, there they remained. It was now a curious sight to see her, sitting up in bed, her eyes open, staring lifelessly, her arms out-stretched, yet without any visible sign of animation. She was very thin and palid, and looked like a corpse that had been propped up, and had stiffened in this attitude. We now took

her out of bed, placed her upright, and endeavored to rouse her by calling loudly in her ears; but in vain. She stood up, but as inanimate as a statue. The slightest push put her off her balance. No exertion was made to regain it, she would have fallen if I had not caught her." "She went into this state three several times. The first time it lasted fourteen hours, the second time twelve hours, and the third time nine hours; with waking intervals of two days after the first fit, and one day after the second. After this, the disease resumed the ordinary form of melancholia; and three months from the time of her delivery, she was well enough to resume her domestic duties."

An important feature of hysteria, resembling catalepsia, and dissimilar from epilepsia, with which it is sometimes confounded, is the faculty of consciousness, often observed. A patient laboring under an attack of hysteria, may to all appearances, be perfectly dead to all surrounding objects, but when the paroxysm is over, she is able to tell much that has transpired; the remarks made by those around her, particularly if they refer to herself, so that persons attending to a woman in a fit of hysteria, should be careful not to make remarks they do not wish her to hear, for, although apparently unconscious, she may hear and understand all that is said.

Hysterical subjects sometimes go many days without partaking of food, under the impression that they cannot eat, or in consequence of a morbid

condition of the nerves of the stomach ; the very sight of food produces nausea and vomiting. Dr. Carpenter says " In certain states of the system commonly known as hysterical, there is frequently a very remarkable disposition for abstinence, and power of sustaining it. In a case of this kind, which occurred under the author's own notice, a young lady, who had suffered severely from the tetanic form of hysteria, was unable to take food for three weeks. The slightest attempt to introduce a morsel of solid matter into the stomach, occasioned very severe vomiting and retching ; and the only nourishment taken during the period mentioned, was a cup of tea once or twice a day ; on many days not even this being swallowed. Yet the strength of the patient rather increased than diminished during this period ; her muscles became firmer and her voice more powerful."*

In some of these cases, great deception is practiced, the patient refraining from taking food when any one is present, but managing to obtain it slily, secreting it about their person or bed, and when alone and unwatched, devour it. Under such circumstances, it is easy to understand why such patients do not lose flesh. Hysteria also simulates important diseases. It very frequently assumes the form of peritonetis, with some of the prominent symptoms of that serious disease. In such cases, she will complain of great soreness of the abdomen, the weight of the bed-clothes, or the

* Carpenter's Human Physiology, page 356.

slightest touch, causing her to cry out with pain; yet if the hand is pressed firmly upon the bowels, the pain is not aggravated. Often when the finger is brought near the part complained of, she will shrink as though actually touched. It may be the spine, the hip, or the joints of the knees of which she complains, the same peculiarities are observed in either case, and patients have been confined to the bed for many months, and treated for a serious disease of the spine, hip or some other part, when the difficulty was simply an irritable condition of the nervous system, peculiar to hysteric patients, localized by the powers of imagination. And cases have occurred, where they had apparently been unable to walk for months, but on the reception of good news, or a fright, the disease has been cured instanter.

Treatment.—When the female is attacked with a fit of hysteria, if any portion of the dress interferes with the movements of the chest, or impedes the circulation, it should be immediately removed, then give a tea-spoonful of the tincture of valerian—the amoniated tincture is best—in a wine-glass of sweetened water. If the jaws are firmly set, cold applied to the cheeks, as a piece of ice on each side, will often relax the muscles, so that the mouth can be opened, or it may be pried open; if the medicine can be got into the mouth, she can swallow it. Pouring cold water on the head and face will frequently break the paroxysm. If the patient is of a full habit, bleeding will be of the first importance.

In all cases, if she is in the recumbent posture, the head should not be too low, and she should have free access to cool, fresh air; to ensure this, the window may be opened, and no persons allowed near the patient, except those absolutely necessary to render her assistance.

Few remedies have produced such good results in any disease, as the preparations of valerian in hysteria, yet a number of others are often resorted to with benefit. Thus, chloroform is sometimes used, and sulphuric ether, one tea-spoonful in half a wine-glassful of sweetened water. Laudanum, opium, morphine, or what suits some patients better, the acetic tincture of opium, fifteen drops in a little water. Hartshorn held under the nostrils, and an old remedy, often resorted to in times past, was allowing the patient to inhale the fumes of burnt feathers and the like, or half a tea-spoonful of the tincture of lobelia, in a little water, will frequently mitigate the spasmodic action. In some cases, a mustard plaster to the lower part of the bowels will do good; if there is nausea and vomiting, apply a mustard plaster over the stomach; a few drops of spirits of camphor and water, or ammonia and water, is sometimes of service, or tincture of hyoscyamus and camphor, tincture of asafœtida, also cold water injections up the rectum, or an injection of half a tea-cupful of thin starch, with half an ounce of spirits of turpentine, or half an ounce of tincture of asafœtida, or a tea-spoonful of laudanum. When the attack is preceded by premonitory symptoms, as fre-

quently happens, some of the above remedies will often prevent it.

As constipation is often associated with hysteria, the bowels should be freely opened by cathartic medicine, or injections, or both ; and when the paroxysm is over, such treatment recommended as tends to remove the cause of the attack, so far as this can be ascertained.

In weakly women, some of the preparations of iron, and other tonics, will be required. Some females subject to hysteria, complain of a pain in the brow, just over one eye, coming on like ague, every day, or every one, two or three days, at about the same hour each time ; for this often distressing pain, quinine will usually be sufficient, or quinine and iron will answer the purpose better, in some cases. Sulphuric ether is also a good remedy for this periodical pain. During the early months of pregnancy, hysteria is often observed in females of a nervous or hysteric disposition ; it rarely produces abortion. The symptoms and treatment will be the same, to a greater or less extent, as when the complaint occurs in the unimpregnated state.

CHAPTER XVII.

TUMORS OF THE WOMB.

POLYPUS OF THE WOMB.—The womb is extremely liable to morbid growths, designated as polypus tumors, which may be attached to different portions of the organ, as the inner surface of the body, to the passage through the neck, or to the mouth of the womb, and are sometimes divided into mucous and fibrous polypus. These morbid fibrous growths are attached to the womb, in many cases, by a pedicle or neck, which is usually much smaller than the body of the tumor. They are of various sizes, weighing, in some instances, several pounds, in other cases being no larger than a pea.

"A polypus of the uterus, when discovered, is a tumor in the vagina, attached to some part of the uterus. It is round, smooth, firm and insensible; it is quite unattached to the vagina, so that the finger can be pressed round, between the walls of the vagina and the part or stalk. This stalk is differently attached in different cases; in some, it passes through the orifice of the uterus into its cavity, and is attached to the fundus of this organ; in others, it passes into the cavity of the neck, to one side of which it is attached: in others, it does not

enter the orifice, but is attached to one portion of its edge, or lip; hence, a distinction of polypus of the fundus, polypus of the neck, and polypus of the orifice. This distinction must not be lost sight of, for it is of practical consequence. In ascertaining the nature of the tumor, for the purpose of determining the propriety of removing it by an operation, the mode of its attachment is one of our chief guides; and in this respect, what is true of polypus of the fundus, is not so of polypus of the neck or lip. In polypus of the fundus, the stalk is completely encircled by the neck of the uterus, and if the finger can be introduced into the orifice, it passes easily around between the stalk of the polypus and the encircling neck. In polypus of the neck, the finger cannot be passed quite around the stalk; it may be passed partially around it, but it is stopped when it comes to that part where it is attached to the neck; the stalk is only semi-circled by the neck. In polypus of the edge of the orifice, or lip, the stalk does not enter the orifice, but grows from the edge of it; it feels as if a portion of the lip was first prolonged into the stalk, and then enlarged into the body of the polypus."*

Dr. Gooch has given a very lucid description of polypus in general, but they will in some cases, be of forms varying according to the pressure they receive from the surrounding parts, so that a polypus is not, under such circumstances, always round.

* Gooch on Diseases of Women, page 218.

They are said to possess more or less sensibility also, in some cases, though this peculiarity may be of more rare occurrence than the alteration in form.

When the tumor grows within the uterine cavity, the womb enlarges, producing alterations in its neck, similar to pregnancy, but when it is attached to the mouth or neck of the womb, this is not observed.

"A polypus may be formed for several years before it is perceptible by any examination, and during the whole time may occasion many untoward and intractable symptoms. Sometimes it may be discovered within the os uteri, through which it at length drops by its own gravity, or is excluded by pains similar to those of labor. A polypus has been unexpectedly found in the vagina, which had passed through the os uteri without pain. It has happened, though rarely, that a polypus, though growing in the uterine cavity, does not always prevent conception, or much impede or obstruct parturition; which polypus has been immediately expelled after the birth of the child."*

These polypi are covered by the mucous membrane, which lines the cavity of the womb, and are supplied with blood from the uterine vessels. The age when polypus of the womb is most frequently met with, is from thirty to forty years, then from forty to fifty; younger females, either married or single, are frequently the subjects of these morbid growths. "Dr. Simpson informs us, that Siebold

*Denman's Midwifery, page 101.

has observed three polypi in the case of a girl with the hymen perfect."*

Dr. Denman removed a polypus from a girl twenty two years old.

They are, however, of rare occurrence under thirty or over fifty years of age; these two periods being nearly equal in the frequency of their occurrence. The cause of uterine polypus is shrouded in great obscurity; some authors, Colombat and Churchill, consider as causes, punctures, abuses of coitus, tedious labors, inconsiderate manipulations for expediting delivery, and sedentary occupations. As they have sometimes occurred after abortions, it has been conjectured that a clot may have been retained in the uterus and have become organized.

A portion of a retained placenta, whether from delivery at full term or abortion, seems a very probable cause.

Symptoms.—Uterine hemorrhage, more or less severe, is usually the first symptom which attracts the attention of the patient; at first, it is merely an aggravation of the monthly flow, increasing in severity from time to time, until there is little or no cessation, but a constant discharge of blood, as in the case related by Dr. Meigs, which continued over six years. Sometimes, when the tumor is situated within the uterine cavity, the flow is accompanied with occasional attacks of pain, like labor, which sooner or later force the polypus through the mouth of the womb into the vagina, and may, finally result in producing inversion of the uterus

* Colombat on Diseases of Females, page 395

as previously stated. In other cases, where the pedicle of the tumor is of sufficient length to allow of its remaining in the vagina without dragging down the upper part of the womb, there is a mitigation of the symptoms for a season, and the polypus not only ceases to enlarge, but it has happened occasionally, that the neck of the womb has contracted so firmly around the neck of the tumor, as to act like a ligature, and the polypus has become detached, putting an end to all further trouble; or where the polypus was attached by a very slender pedicle, the force of the expulsive pains has severed its connexion with the uterine cavity, and expelled it. More frequently, however, after having reached the vagina, the hemorrhage continues to such an extent, that if the tumor be not removed by art, death takes place, from a wasting away of the vital fluid. When a polypus of the uterus is developed about the time for the final cessation, or turn of life, it may be neglected for a long time, the woman being under the impression that it is the change that is working on her, and may be greatly surprised to find, after straining at stool, a substance force itself through the mouth of the womb, blocking up the vagina, interfering with the operation of the bowels and the passing of water. In this connection, Dr. Gooch remarks, "I have known several instances in which patients, after this action, have been suddenly seized with retention of urine, and on examination, a polypus was found in the vagina, compressing the urethra."*

In many cases, during the intermission of the hemorrhage, there is a discharge from the vagina, like the different forms observed in leucorrhœa, or it may resemble the discharge in cancer uteri, in smell and color. The general health is more or less affected, dyspeptic symptoms supervene, together with pain in the back, weight in the pelvis, a dragging, bearing down sensation, pain in the loins extending to the groins and thighs, swelling of the extremities, emaciation, loss of appetite, nausea and vomiting. The symptoms are more or less influenced according to the situation of the polypus, whether in the womb or attached to the mouth or neck of the organ. When the polypus is of small size, the patient may experience very little inconvenience from it, the symptoms increasing in severity as the tumor increases in size. The color of uterine polypi "varies very much, being sometimes nearly white, sometimes flesh color, marked by veins, and sometimes nearly brown."*

Dr. Gooch remarks, in regard to the color of one he saw at St. George's Hospital, "it was of a pale flesh color, mottled, or rather streaked with blue veins, like the round balls of soap at the windows of the perfumers."†

TREATMENT.—When the polypi are small and within reach, they have sometimes been removed by caustic applied to them, or if attached by a thin pedicle, they may be twisted off with a pair of for-

* Churchill on Diseases of Women, page 214.
† Gooch on Diseases of Women, page 223.

ceps. The usual course, however, is to apply a ligature around the neck of the tumor, which immediately stops the hemorrhage, and in a few days, the polypus comes away. The knife is sometimes preferred to the ligature, but serious hemorrhage is apt to follow its use, which may be difficult to control; besides, in most cases, the patients have already lost so much blood before applying for treatment, that it is desirable to check this bleeding, as soon as possible. In applying the ligature, great care should be used not to enclose in the loop any portion of the uterus, as a want of this precaution has caused great suffering, resulting fatally, if the ligature is not loosened. After being properly adjusted, should there no untoward symptoms occur, the ligature should be tightened every day or two, until the tumor is removed.

"During the time the ligature is applied, the patient must, of course, remain quiet in bed; the bowels must be kept free by enemata, and if there be much pain or sleeplessness, an opiate may be given. Injections of tepid water, alum and water, or infusion of camomile, should be used each day, for some little time after the fall of the polypus. In most cases, not a drop of blood is discharged from the time the ligature is applied, and with care, the patient almost always recovers from the state of anemia into which she had fallen, and from its secondary consequences."*

* Churchill on Diseases of Women, page 225.

Whatever method is resorted to in the removal of the polypus, it does not grow again. If the tumor is within the cavity of the womb, and the neck not dilated so as to reach the polypus, Prof. Simpson recommends introducing sponge-tents into the mouth and neck of the womb; these sponge-tents are conical pieces of prepared or compressed sponge, which, being introduced, absorb the fluids of the parts, and consequently enlarge; they are made of different sizes, and used one after the other, until the dilatation is sufficient to reach the tumor. To facilitate the operation of placing a ligature around the neck of a uterine polypus, different instruments have been devised; the one in most general use, or with slight modifications, is Dr. Gooch's double canula, as it is called, which "consists of two silver tubes, each eight inches long, perfectly straight, separate from one another, and open at both ends. A long ligature, consisting of strong whip-cord, is to be passed up the one tube, and down the other, so that the middle of the ligature passes across, from the upper end of one tube, to the upper end of the other, and the two ends of the ligature hang out at the lower ends; the tubes are now to be placed side by side, and guided by the finger, are to be passed up the vagina, along the polypus, till their upper ends reach that part of the stalk, around which the ligature is to be applied; and now the tubes are to be separated, and while one is fixed, the other is to be passed quite around the polypus till it arrives again at its fellow tube,

and touches it. It is obvious that a loop of the ligature will thus encircle the stalk. The two tubes are now to be joined, so as as to make them form one instrument ; for this purpose, two rings, joined by their edges, and just large enough to slip over the two tubes, are to be passed up till they reach the upper ends of the tubes, which they bind together immoveably. Two similar rings, connected with the upper by a long rod, are slipped over the lower ends of the tubes, so as to bind them in like manner ; thus these tubes, which at the beginning of the operation were separate, are now fixed together as one instrument. By drawing the ends of the ligatures out at the lower external ends of the tubes, and then twisting and tying them on a part of the instrument which projects from the lower rings, the loop around the stalk is thereby tightened, and like a silk thread around a wart, causes it to die, and fall off."*

Should leucorrhœa continue after the removal of the polypus, astringent injections up the vagina, and other appropriate treatment will be required. The general condition of the patient must be taken into consideration, and the administration of such tonics recommended, as tend to restore a healthy tone to the system. The bowels should be attended to ; if the patient complain of costiveness, gentle aperients will be indicated ; if diarrhœa supervene, which is often the case, it should be restrained by opium, chalk mixture with catechu, cranesbill, and other astringents.

* Gooch on Diseases of Women, page 233.

MUCOUS POLYPI.—These differ from the fibrous polypi just described, in being of small size, and attached to the mouth of the womb, or within the neck, but not often found, like the preceding variety, attached to the inner surface of the body of the organ. They vary in size from a pea to that of a kidney bean, and are attached, in some cases, by a small pedicle or stem, at others, by a broad base. They are soft, of various colors, from white to deep rose red. The symptoms caused by these morbid growths, are sometimes of but little importance; most frequently, however, they resemble those produced by the large variety, though less severe, and are subject to similar treatment; but as they are frequently attached by a broad base, where a ligature could not very conveniently be applied, their removal may be effected by the knife, or other cutting instrument. The application of caustic to the cut surface, when necessary, and the injections of astringent preparations up the vagina, as previously recommended, will usually be sufficient. They are, however, liable to grow again after being removed, differing in this respect, particularly, from the large or fibrous polypus.

FIBROUS TUMORS OF THE WOMB.—These morbid growths differ from fibrous polypi in several particulars, not only in the manner of their formation, but also in the symptoms resulting from their presence. A fibrous tumor does not attack the mouth or neck of the womb, and is not often attached by a pedicle, but is imbedded in the tissues of the or-

gan. They are more frequently met with after forty years of age, than before, yet this may be owing to their slow growth, existing, probably, a long time before discovered, and the undecided symptoms arising from their early formation. The unmarried female is as liable to them as those who are married. They may be single, or a number of them may be clustered together, each surrounded by its own covering.

"These tumors may either be imbedded in the uterine parieties, or they may be immediately behind the serous or mucous membranes; of course, in the latter case, they will project internally or externally, causing a considerable alteration in the figure of the womb, and a diminution in its capacity. It is very rarely that they commence near the cervix."*

Fibrous Tumors.—These morbid growths are of various sizes, weighing in some cases, many pounds, of a firm texture, sometimes uneven or nodulated, presenting the appearance of several tumors clustered together. On cutting them open, they are found to be composed of dense cellular tissue, of grayish structure, sometimes of tendinous substance. They point into the cavity of the womb, or outwardly, in some instances, and are then found on the outside of the womb; in this situation, they meet with less resistance from the surrounding parts, than occurs when they grow into the cavity of the womb; under these circumstances, they sometimes

*Churchill on Diseases of Women, page 202.

attain an enormous size. Whatever their situation, the womb is rendered larger and heavier than natural, which would naturally tend to produce misplacement of the organ. In structure, they vary considerably, they are sometimes found soft and flesh like, or partaking of the structure of the womb ; at others, containing calcareous matter, and finally becoming ossified. Although usually solid, yet they sometimes assume the cystic formation, and when attached to the outer surface of the womb, have been mistaken for a cystic tumor of the ovary, which has resulted in their being tapped, and in some cases large quantities of fluid removed from them. "Various theories have been broached to explain their formation ; by some they are regarded simply as lesions of nutrition, and by others they are considered as a species of concretion around a nucleus of coagulated blood or pus."*

Symptoms.—These will depend upon the size of the tumor, their situation, and whether complicated or not, with pregnancy. At first there is little or no disturbance of the system, indicating their presence. Pregnancy may take place, even if the tumor is of considerable size, and if the woman goes her full time, she may have a difficult labor, with great liability to hemorrhage. It often happens, however, that abortion comes on about the third or fourth month. As the tumor increases in size, the symptoms become more marked, there is a fullness and weight in the pelvis, a dragging from

* Churchill on Diseases of Women page 203.

the loins extending to the groins, cramps, swelling and numbness of the lower extremities; pain in the lower part of the back; the functions of the bladder and rectum are interfered with, from the pressure of the enlarged womb. The menstrual function is more or less affected, even when the tumor is small, as in polypus uteri. There is sometimes an obstruction to the monthly flow for a number of months, accompanied with the usual symptoms of pregnancy. These occurring in the unmarried female, has given rise to the suspicion of pregnancy, and not a few have lost a fair name and character from being so unfortunate as to have a tumor of the womb. The back wall of the uterus is said to be the seat of these tumors more frequently than any other portion of the organ; whatever their location, misplacement of the womb is often the result, followed by the usual symptoms. This circumstance, probably, has been overlooked in many cases, and the symptoms arising from the misplaced womb attributed to the tumor, when if the womb could be righted, and kept in its natural place, the inconvenience complained of would disappear. The womb is sometimes pushed over in front, in consequence of the tumor being situated on the outside of the organ, blocking up the posterior portion of the pelvis.

Treatment.—In some cases, the covering of the tumor becomes absorbed, and it drops into the uterine cavity, from whence it is expelled, or if it assume a pediculated form, it may be removed by the ligature,

knife or by torsion. When the tumor is within reach, of moderate size, and the covering thin, the outer layer of tissue has been divided by the knife or caustic ; when, by proper management, it has been shelled out of its position and removed. If situated on the external surface of the womb, and of large size, filling up the pelvis, and causing great inconvenience from the pressure on the bladder, and rectum, they may sometimes be pushed up, or elevated so high in the pelvis, as to greatly relieve the parts. They have also been removed by an incision through the walls of the abdomen. When occurring with pregnancy, and situated in the uterine cavity, they have sometimes been removed immediately after the birth of the child. When they are not removed, dangerous and often fatal bleedings take place, from the tumor imbedded in the uterine wall preventing contraction. As the probable cause of these tumors, in most cases, is due to chronic inflammation and congestion of the tissues of the womb, at some period, joined with a scrofulous habit, alterative medicines are indicated, as iodide of potassium half a grain to a grain, with ten or fifteen drops of syrup of iodide of iron, two or three times a day, after eating. Bromide of potassium has been used with good success, three to five grains, which may be increased to eight or ten grains, two or three times a day. Sarsaparilla and others of this class will be of service, as auxiliaries, in the treatment. Also mucurial ointment, or the iodine ointment, well rubbed in over the uterine region,

has had a good effect in many cases. The iodine ointment has also been applied to the mouth of the womb. An ointment of bromide of potassium has been used in the same way. General or local bleeding may be indicated in some cases, also hip or sitz baths, and blisters. The bowels should be kept open with mild aperients, and the general health receive special attention. As it often happens that these fibrous tumors of the womb are not developed until late in life, and are frequently of slow growth, the patient will often do well under a palliative treatment.

CHAPTER XVIII.

OVARIAN TUMORS—OVARIAN DROPSY.

THE ovaries are often affected with abnormal growths of various kinds, resulting in more or less inconvenience, suffering and death, according to the rapidity and nature of the enlargement, whether fluid or of a solid texture, non-malignant or malignant. An ovarian tumor, containing a fluid, is recognized by the term, ovarian dropsy. The fluid may be contained in a simple cyst, or there may be a number of simple cysts, connected together by cellular tissue, forming an uneven lobulated tumor; they frequently attain an immense size, distending the abdomen to its utmost capacity. Ovarian drop-

sy is usually of slow growth, most frequently met with between thirty and forty years of age; cases are recorded, however, of its occuring before the twentieth year, and after menstruation has finally ceased. Dropsy of the ovary consists in an enlargement of one or more ovarian vesicles, which assume the cystic formation, and are sometimes divided into simple cysts, and multilocula, or many cysts; they have a common origin, yet are said to differ greatly in their early formation, the multilocula, not assuming the fluid consistence until they have attained considerable size, being at first solid. The simple cyst, containing a fluid from the first. During the thirty years of menstrual life, at each monthly period, as previously stated, the ovaries become more or less engorged; this process results in disengaging a vesicle, of which the ovaries are principally composed, which, after passing through the fallopian tubes into the womb, the phenomena of menstruation is established. As the ovaries are frequently subject to chronic inflammation, we have here the starting point of the disease under consideration; for, the effect of inflammation is to produce a thickening of the tissues. In this way, the investing membrane of the ovary becomes so dense, that the escape of a vesicle is prevented, the normal action of the ovary, or a portion of it, is changed to abnormal, a cyst is formed, which enlarges more or less, until it is recognized as ovarian dropsy. One vesicle, or a number of them, may be thus affected, giving rise to the multilocula or sim-

ple cyst. The disease is not often confined to one vesicle; usually several of them enlarge at the same time; at first they are of a globular form, but as they increase in size, by pressing upon one another, become flattened, the tissue separating them bursts, and two or more cysts are thus converted into one. By this process, it often happens that a multilocula tumor is converted into a simple cyst. In some cases, where there is an enlargement of several vesicles, one of them greatly exceeds the others in size, we therefore find them in different stages of development.

"The true composite cysts contain in their cavities, a liquid, which is either purely serous, or mingled with a little blood, the result of the rupture of the vessels in their interior. In rare cases, but usually in a few isolated cavities only, we find in cysts of this character, a mass of fat, of hairs, of cartilage, bones or teeth. We should add here, that in such tumors, the contents ordinarily vary in different compartments, and it is not rare to meet in a single multiple cyst, all the various substances which we have mentioned. The fatty accumulations which are so often found in these organs, are caused by the excessive development of the layer of cells, of pavement epithelium cells, which is frequently found on the internal surface of cysts. The fat which forms them, is most often liquid, of an orange or bronze color; sometimes, however, it forms clots of solid, yellow fat, ordinarily containing a considerable quantity of cholesterine. The hair, which is

often found in these fatty cysts, is variously colored and entangled, so as to form cushions of greater or less thickness. They have their roots in the wall of the cyst, provided with sebaceous follicles, or in the layer of the epidermis, which, as we have said, sometimes covers this wall. The teeth, which are sometimes observed in certain isolated cavities of the tumors in question, are developed in the interior of the wall of the cyst, in the usual dental sac, and sometimes their abundance is such that cavities are seen filled with teeth, loose and free from adhesions. The bony material proceeds from the ossification of the cellular tissue of the walls of the cysts; they are sometimes long bones, sometimes flat bones, but they have no resemblance to any bones of the skeleton."*

"The quantity of fluid contained in a dropsical ovary, varies very much in different specimens. At first, the morbid accumulation of serosity is scarcely perceptible; but, in a more advanced stage, it may be very considerable. Morand had an ovarian cyst, which held ten pints, and he mentions that Dr. Duret, of Vitry-le-Française, reported to the Academy, in 1740, the history of a case of ovarian dropsy, in which the cyst held fifty pints; it had distended the abdomen so much, that the woman was obliged to tie her petticoat four finger breadths below the axilla. In fine, according to Munro, Wepfer, and other authors, the weight of the serum has been

* Scanzoni's Diseases of Females, page 412.

known to amount to a hundred and ten and a hundred and twenty pounds."*

Dr. Meigs mentions an immense ovarian cyst, which he opened, and acording to his opinion contained over a thousand ounces of fluid.†

Ovarian dropsy attacks the right ovary more frequently than the left, and when of long standing both ovaries are usually affected. If only one ovary is diseased, menstruation is not necessarily interrupted, but when the disease attacks both ovaries, there is suppression of the menses.

Symptoms.—In the early stage of ovarian dropsy, the indications of the disease are very obscure, and being of slow growth usually, it may exist a long time before the attention of the patient is directed to it, and even after considerable enlargement of the abdomen takes place, the symptoms simulate pregnancy so much, that women sometimes believe that they are pregnant, and in some cases have made preparations for their anticipated confinement.

"In a case detailed by Vater, the patient had symptoms of pregnancy, secreted milk, and even thought she felt motion. The belly continued swelled, and she had bad health for three years and a half, when she died. The abdomen contained much water, and the right ovarium was found to be as large as a man's head, containing capsules, filled with purulent looking matter. The uterus was

* Colombat on Females, page 425.

† Meigs' Diseases of Women, page 355.

healthy, but prolapsed, and the ureter was distended from pressure."*

In some cases, the patient complains of pain in the region of the ovary, with tenderness on being pressed, a feeling of weight in the pelvis, a dragging sensation in the loins, and pain extending to the groins and thighs, with numbness and sometimes swelling of the thigh and leg, pressure on the rectum and bladder, frequent inclination to pass water; the bowels are often constipated, the enlarged ovary produces more or less misplacement of the womb; the menstrual function is sometimes affected, being excessive, painful, or suppressed. As the tumor enlarges and forces itself up out of the pelvis, there is sometimes a mitigation of some of the symptoms, from the organs within the pelvis being relieved from the immediate pressure of the enlarged ovary. In some cases, the first indication the patient has of the disease, she finds that one side, just above the groin, is fuller than the other side, and by a closer examination, she finds a tumor there. "When the cyst has become large enough to push the bowels and the stomach upwards against the diaphram, and to thrust the latter upwards within the confines of the thorax, the powers of digestion are interfered with, and respiration is embarrassed."†

"The peritoneal envelope of the tumor frequently becomes the seat of an acute or chronic inflam-

*Churchill on Diseases of Women, page 365.

†Colombat on Diseases of Females, page, 247.

mation, which often communicates to other portions of the peritoneum, and is the cause of painful, intense and reiterated paroxysms. At this stage of the disease, new disorders are observed, affecting the bladder ; because this organ, being indirectly connected with the tumor by the agency of the peritoneum and the uterus, is constantly drawn higher, a displacement which, by itself, suffices to render more frequent the desire of micturition. The compression which the tumor exerts upon the bladder from before backward, also contributes to prevent the dilatation of this organ in the indicated direction. Sometimes the compression of the inferior portion of the bladder has been seen preventing the flow of the urine through the ureters. Hence, it occasions, frequently, a considerable dilatation of these organs and the calix."*

TREATMENT.—The treatment of ovarian dropsy, as in other tumors of these organs, offers little encouragement as to its ultimate success, yet, if we rarely cure the disease, many cases are often benefited or relieved, and by staying the progress of the abnormal growth, it sometimes happens that nature accomplishes what art has failed to produce. As most of the abnormal growths of the ovaries occur in patients of a scrofulous habit; during the early stage of the disease an alterative treatment has sometimes produced favorable results. Not so much by any specific action they may have on the tumor, but, by changing the secretions. For this purpose,

*Scanzoni on Diseases of Females, page 426.

the preparations most relied on are iodine, iodide of potassium, iodide of iron, bromide of potassium, sarsaparilla and others of this class ; also salt water bathing or sponging ; frictions over the region of the tumor with mercurial or iodine ointment, and blisters and leeches. Electricity has been favorably mentioned in this complaint ; that this agent has produced beneficial results in abnormal growths of different portions of the organism, there is no doubt, and were it resorted to earlier, instead of waiting until all other means have failed, the probability is that a much more favorable report might be rendered of this subtile agent in ovarian tumors. The bowels should be kept in a soluble condition by saline laxatives, and a nutritious, unstimulating diet recommended ; the condition of the bladder should be attended to, if there is retention of urine the catheter should be used. If adhesions have not taken place, the tumor can sometimes be pushed up above the brim of the pelvis, to the great relief of the patient. When symptoms of general dropsy supervene, digitalis, squills and other diuretics have been recommended. The internal administration of the different preparations of mercury do not find much favor with most authors on this subject, as patients of a strumus habit do not often tolerate this drug. When the tumor has become so large as to distend the abdominal walls, a properly adjusted bandage when the patient is on her feet, will often give relief, also tepid hip baths and fomentations to the bowels ; if inflammatory symptoms are

observed, local blood-letting by leeches, or bleeding from the arm has been recommended. Dr Hamilton states, that after sixteen years trial, he has "succeeded in a number of cases, in curing or retarding the disease, by the simple means above alluded to, viz. from compression of the abdomen, percussion, the use of the warm bath, and a protracted course of the muriate of lime, together with the ordinary means for promoting general health."*

The ovarian cyst sometimes bursts, the fluid being poured out into the abdominal cavity, resulting generally in fatal peritonetis, yet the effused fluid is occasionally absorbed, and the patients recover. In some cases, the ovarian cyst has been known to form an opening into the small intestines, rectum, bladder, or vagina; the contents escaping through these outlets, resulting, sometimes, in a cure of the malady. In some cases, the contents of the tumor finds its way into the stomach, and the patients vomit up large quantities of it. In regard to tapping, for the cure of ovarian dropsy, the result of the operation depends on the character of the tumor, whether simple, or composed of many cysts, and the nature of the accumulation. The condition of the patient, also, has much to do with the success or failure of the operation.

A simple cyst, containing a serous fluid, may be evacuated by tapping, resulting, sometimes in a cure of the complaint; more frequently, however, it has to be repeated. If the tumor is composed of

* Churchill on Diseases of Women, page 370.

a number of cysts, the result of the operation is not so favorable as in simple cysts; for the tumor is divided into compartments, having no connection, one with another; hence, if the contents of one of the cysts should be removed by tapping, the others are not relieved by it, each requiring a thrust of the trocar, to liberate the fluid which they contain. Having punctured one of the cysts, and introduced the canula, others can sometimes be opened, as in the case mentioned by Dr. Cole, of Boston, by introducing the trocar, without removing the canula from the first operation. The contents of the different cysts are often of various consistence, sometimes it is so thick that little, or none, escapes through the canula, when introduced into the tumor; in such a case, no benefit could be expected from the operation. When performed under favorable circumstances, tapping often results in but temporary relief, as the cyst is apt to refill again in a short time, which soon makes another operation necessary.

"Although women do live, now and then, to undergo these frequent tappings, yet they more generally sink; and hence, in ordinary practice, the longer the first tapping can be delayed, the better; for there is nothing more unwise than to ground your general practice upon the exception to the rule, though the error is not unfrequently committed. Tapping, after all, is an unsatisfactory remedy; in scirrho-dropsy it is dangerous; in dropsy, with many cysts, it is of partial relief; when the encysted

accumulation is viscid, it is of no effect; an even in cases the most favorable, tapping exposes the patient to inflammations, adhesions, suppurations, exhaustions, repetitions, and death."*

In order to prevent the bad effect often resulting from a large cyst being emptied at once of its contents, a plan has been adopted of drawing off portions of it at a time; this mode may be more judicious than that of allowing a number of gallons of fluid to escape immediately, yet, fatal results often follow, even in this cautious manner of operating.

Before proceeding to the operation of tapping, several important particulars should be clearly made out, as serious mistakes have occurred by confounding ovarian dropsy with other abnormal growths of the ovaries, with dropsy of the peritoneum, with misplacements and tumors of the womb, with pregnancy, and a distended bladder, from a large accumulation of urine.

"A distended bladder has been mistaken for ovarian dropsy; nay, the uterus itself has been tapped, when the womb was pregnant."†

In regard to the instrument for removing the fluid contained in the cyst, Dr. Churchill remarks: "A flat trocar and canula appear to occasion the least pain, and it should be plunged sufficiently deep, to insure its traversing the parieties of the cyst. After the operation, a broad binder should be applied tightly around the abdomen."‡

* Blundell on Diseases of Women, page 113.
† Blundell on Diseases of Women, page 111.
‡ Churchill on Diseases of Women, page 372.

Two modes of puncturing the cyst have been practised :—first, through the abdominal walls; second, through the upper part of the vagina. The spot usually selected for the first, is on, or near, the median line, from the navel to the symphasis pubis, as low down as may be, and avoid wounding the bladder, and as a precaution against such an accident, the catheter should be introduced, and the urine drawn off. Puncturing the tumor through the upper portion of the vagina, has one advantage, at least, over the previous method, which is that of reaching the most depending part of the cyst. This may be accomplished when the tumor is of a certain size, but when, from its large dimensions, it is elevated above the brim of the pelvis, it cannot be safely tapped from the vagina. It has been recommended, after evacuating the cyst, to inject some irritating fluid, as iodine, and iodide of potassium and water, of different strengths, into the sack, in order to set up adhesive inflammation, with the intention of producing a radical cure of the malady. But this mode of treating ovarian dropsy has seldom resulted favorably. In regard to this subject, Scanzoni remarks :—"It results from all that we have said upon the subject of injections, that the dangers which this method presents are not compensated by sufficient advantages. Consequently, we shall do better to set it entirely aside, especially as many authors have demonstrated that it was not so sure as we have been told."*

* Scanzoni on Diseases of Females. page 467.

When the contents of the cyst is so thick that it cannot escape through the canula, an incision has been made, more or less extensive, into the cavity of the tumor. Dr. Burns says of this mode of practice :—"It has been attempted to produce a radical cure, by laying open the tumor, evacuating the matter, and preventing the wound from healing, by which a fistulous sore is produced ; or by introducing a tent, or throwing in a stimulating injection. Some of these methods have, it is true, been successful, but occasionally they have been fatal ; and in no case which I have seen, have they been attended with benefit."*

In regard to the propriety of removing the diseased ovary, great diversity of opinion exists amongst medical authors. The operation is approved of by men of great scientific attainments, and opposed by others of equal note. Scanzoni says, in regard to the negative side of the question, "we consider ovariotomy a surgical temerity ; but if it succeeds, the patient, being otherwise completely incurable, speaks of it with great thankfulness, and the public is astonished. It is a rash operation, for from numerous observations collected up to this time, the physician can never predict the issue with the same certainty which guides him in all the other important chirurgical operations, for experience has demonstrated that the extirpation of ovaries, performed by the most skillful operators, without any accident happening to disturb the

*Burns' Midwifery, page 117.

operation, and with the best conditions for obtaining complete success, have caused the death of patients a few days and even a few hours after the close of the operation."*

Scanzoni also gives the opinion of the celebrated Velpeau, as he expressed himself in 1857, "I disclaim extirpation; to legitimatize it, we must threaten life, and to be rationally practicable, it requires that the cyst should be of small size. Now, in this state, life may continue for many long years. We do not envy, then, the ovariotomy of our brothers in America. French surgery is to-day in an excellent way. Though at the same time very bold and very prudent, it ought to renounce a venturesome operation. Before it can be admitted, it is necessary, in a word, that the remedy should be less dangerous than the disease."†

Colombat also remarks, "we shall conclude by saying, that inasmuch as ovarian tumors are rarely composed of a single cyst, since they are often, on the contrary, multilobed, and adherent at several points; as they contain, in the greater number of cases something more than serosity; and as, moreover, the dropsy which almost always ends with attacking both ovaries, is not unfrequently complicated with other lesions, which render the diagnosis obscure and the prognosis unfavorable, we are tempted to say, with the celebrated Hunter, that patients are often more likely to prolong their

* Scanzoni on Diseases of Females, page 471.

† Scanzoni on Diseases of Females, page 470.

existence, if no attempt is made to deliver them of their disease."*

These several objections to the operation, refer principally to cases that would be considered unsuitable for the operation by those in favor of it, for it is a point of great importance, before commencing the operation, not only to consider the general health of the patient, but by a careful examination of the tumor, to be well convinced that it is not complicated with malignant disease that it has not formed extensive adhesions with the internal viscera, and several other important particulars. That the operation sometimes results in death, even when performed under favorable circumstances, cannot be questioned; we see the same result from the amputation of a limb, when there was no reason to anticipate anything but a favorable termination. Many women have died from puerperal peritonetis, that presented no indications of the disease at their confinement. That the result of the operation cannot be anticipated, is no disparagement, as the same is true of other operations, to a great extent. In regard to the fatality of the operation, according to the table prepared by Dr. Atlee, published in the American Journal of Medical Sciences for April, 1845, of one hundred and seventy-nine cases operated on for ovarian dropsy, one hundred and twenty recovered, and fifty-nine died. From a table of one hundred and twenty-three cases of ovarian dropsy not operated on, we

* Colombat on Diseases of Females, page 436.

find that ninety of this number " terminated fatally within five years, and more than one third this number within one year from the observed commencement of the disease."*

As we have previously shown that a spontaneous cure sometimes takes place, and that the disease may remain stationary or increase but little, during a period of many years, the great liability to a fatal termination, in all cases operated on, should be weighed against the chances in favor of the patient if let alone.

NON-MALIGNANT TUMORS OF THE OVARIES.—The ovaries are sometimes the seat of fibrous tumors, which may be imbedded in the substance of the ovary, or attached to its surface, and like fibrous formations of the womb, which they closely resemble, may attain considerable size ; they have been known to weigh forty pounds and upwards. The general health is not usually affected by them, until by their size, the circulation in the pelvic vessels, and the functions of the bladder and rectum are impeded. They are of slow growth, and often after attaining a certain size, remain stationary for life. The symptoms to which they give rise are principally mechanical, as they frequently cause more or less misplacement of the womb, often crowding it over to one side or by pressing upon the rectum or bladder, the patient will experience those sensations previously mentioned under the head of misplacement of the womb. In regard to the treatment, little benefit

*West on Diseases of Women, page 402.

results from any course, more than to remove the pressure upon the bladder and rectum, by pushing the tumor up out of the way of these organs, keeping the bowels in a soluble condition by saline aperients, and preventing any undue accumulation of urine in the bladder, and attending to the general health; an alterative course of treatment has been recommended, together with frictions over the region of the tumor with the mercurial and iodine ointment, but the success has rarely compensated for the trouble. The ovaries are also affected with other non-malignant growths, as the cartilaginous tumors, osseous or bony tumors, petrous or stony tumors, tubercula tumors, a species of degeneration of pale yellowish color, which sometimes becomes soft, resembling pus; and melanic tumors, consisting of a hard black substance.

Malignant Tumors of the Ovary.—Cancer of the ovary, is said to be of more frequent occurrence than cancer of the breasts, and nearly as frequent as uterine cancer. The tumor often attains a very large size, weighing, in some instances, fifty pounds and more. Cancer of the ovaries, like cancer of the womb, presents itself under different forms. Scirrhus, and encephaloid or medullary cancer, are the two forms usually referred to by medical writers. In either case, it is an uneven, lobulated tumor.

In speaking of the two forms of ovarian cancer, Dr. Seymour says, the first "consists of numerous cysts, with more or less fluid contents; sometimes with bony or earthy matter contained in them;

often a fatty secretion, resembling lard; sometimes penetrated with long, fine hair, without bulbs; but more frequently filled with albuminous secretions of varying tenacity and color. Sometimes these secretions resemble gruel in appearance; there is often matter like soot mixed with the fluid. At other times, the secretion is of the color of mahogany, from admixture of blood; and not unfrequently, the liquor evacuated from one of these cysts by the trocar, resembles in consistence and color, the medicine well known under the name of Griffith's Mixture. Secondly, a single large cyst springs from the ovarium, and contains within it, tumors varying from the size of a pin's head to that of an orange. Sometimes the great portion of the parieties of the cyst consists of tumors, growing between the external and internal, or secreting coat; the interior of the cyst having the tumors projected into it, being filled with fluid, secreted from the serous lining. The tumors, when cut into, present a semi-fluid, gelatinous substance, with white bands running through it; between which bands are smaller cysts, containing the same viscid, glue-like matter."*

The scirrhus form is a hard engorgement, often remaining in this state for many years, or for life. The encephaloid cancer differs from the preceding in texture, in development, and termination.

"Sometimes the ovarium is affected with encephaloid disease, or is converted into a large irregular shaped mass of cysts and tumors, the section of

*Seymour on Diseases of the Ovaria, page 60.

which presents all the characters of hematoid fungus. This fatal affection usually runs its course with great rapidity, and soon after its commencement, the constitution of the patient is much more affected, than in the organic diseases of the ovaria, which have already been described."*

The symptoms of Cancer of the Ovary are at first vague and uncertain. It may exist a long time before its real nature is discovered. As the tumor becomes developed, there is pain and numbness of the hip, dragging from the loins, pressure upon the bladder and rectum, and other symptoms, as in cancer of the womb. The disease, whether uterine or ovarian, observes pretty much the same changes and peculiarities. The scirrhus form remaining stationary a long time, or increasing very slowly, and in the encephaloid form, attaining a large size in a short time, accompanied with all the distressing characteristics of the disease. The treatment, also, of ovarian cancer differs only in some minor points from uterine cancer. In either case, under the most judicious treatment, the hopes of ultimate success are very small. It has been proposed to remove the cancerous ovary, but there are few who would have the temerity to undertake the operation.

* Lee, Cyclopedia of Practical Medicine, Art. Diseases of the Ovaria.

CHAPTER XIX.

PROLAPSE, OR FALLING OF THE VAGINA.

This misplacement of the front passage is sometimes divided into three forms. First, falling of the anterior wall; second, falling of the posterior wall; and third, where the entire circumference of the vagina comes down. In either case, two conditions are necessary to produce the misplacement, namely: weakness of the vaginal tissue, and a sufficient force from above to overcome the normal condition of the parts. It is usually complicated with misplacement of the bladder, rectum, or womb, and occurs most frequently with women who have had children. It may occur in other cases, independent of child-birth. The first variety of this misplacement consists in the falling of the front portion of the vagina, presenting the form of a tumor, filling up the entrance to the front passage, or pressing entirely out of the passage; when examined by the finger, it will be found soft and yielding, with fluctuation, unless the bladder has been completely emptied of its contents, which is not easily accomplished. This tumor is the prolapsed anterior wall of the vagina, and the posterior portion of the bladder; it is therefore, a prolapse of the bladder as well. The

second form of vaginal misplacement consists in a bulging forward and downward of the posterior part of the vaginal wall, with a portion of the rectum, which forms a tumor that may make its appearance externally. If examined by the finger, the fluctuation observed in the preceding variety is absent, but the pouch or tumor is more or less distended with the contents of the rectum. The third form of vaginal misplacement may occur without implicating the bladder or rectum. It is then simply a settling down of the front passage, appearing at the entrance in a fold, or passing through, forming a tumor externally; in most cases, however, of this variety, the bladder, or rectum, or both, are also prolapsed. "Noel relates a case where the prolapse reached down to the knees."*

The symptoms of these several species of misplacement have some points in common, as weight and fullness in the vagina, pressure and bearing down, aggravated by standing or walking, and when the prolapsed portion protrudes through the external opening, it becomes irritated, if it remains long in this exposed condition.

"When the prolapsus is neither very considerable, nor of very long standing, the part of the vagina which is exposed does not ordinarily present, in relation to its color, and to the state of the mucous membrane, any notable alteration, still it is not rare, especially after exposure to certain injurious influ-

* Churchill on Diseases of Women, page 94.

ences, that its surface is reddened, excoriated, or even covered with deep ulcerations.

"In more voluminous prolapsus, most often complicated with a falling of the uterus, the tumors remain, during a long time, exposed to the action of the atmosphere, and to the friction of the internal surface of the thighs; it is constantly moistened by the urine, and its surface is soon covered with a thick layer of pavement epithelium, the mucous secretion completely ceases, or dries rapidly, in such a manner, that the walls of the vagina are no longer smooth, and gliding to the touch, but rough and dry, and often the seat of numerous and extended ulcerations."*

In prolapse of the anterior wall of the vagina, the patient complains of a dragging sensation from the navel extending towards the groins, with frequent inclination to pass water, and after voiding a small quantity, the stream stops; in some cases the patient is obliged to push up the tumor with her finger, before she can empty the bladder of the urine it contains. In prolapse of the posterior wall of the vagina, the bladder is not usually affected, but there is more or less difficulty in having an operation of the bowels. When the entire circumference of the vagina comes down, a falling of the womb ensues, to a greater or less extent, with the usual symptoms attending this misplacement, and if, as sometimes happens, there is a prolapse of the

*Scanzoni on Diseases of Females, page 498.

bladder and rectum at the same time, the distress is greatly aggravated. Leucorrhœa is often present in either case, and sometimes the menstrual function is affected.

Treatment.—The parts are to be replaced in the natural situation, and kept there by some kind of pessary, if astringent injections up the front passage and cold hip baths will not have the desired effect. The bowels should be kept in a soluble condition, by injections or gentle aperients. The bladder should be often relieved by the catheter, if necessary, as the urine, if allowed to accumulate, will keep up the misplacement. If the general health has suffered from the abnormal condition of the parts, the treatment will be indicated by the condition of the patient. In some cases, where the parts were with difficulty retained in their natural situation, an operation has been performed, producing a permanent contraction of the vagina. It consists in removing portions of the vaginal wall, by some cutting instrument, bringing the edges of the wound together and keeping them thus until they unite; in this way, the passage is contracted so that a prolapse could not occur. It is needless to remark that an operation of this kind would be admisible only in such cases as had passed the child-bearing age, or were not liable to become pregnant, as the vagina thus contracted would be lacerated before delivery could be accomplished.

Tumors of the Vagina.—Morbid growths of the vagina are occasionally met with, of the same char-

acter as those attached to the womb. They vary in size according to the nature of the tumor. Sexual intercourse is sometimes rendered painful from them; they are also the cause of leucorrhœa, and in some cases hemorrhage. They sometimes produce a prolapse of the vagina, and cause more or less inconvenience and suffering, according to their location and size. The treatment applicable to similar tumors of the neck of the womb, is indicated in these tumors of the vagina.

CANCER OF THE VAGINA.—The vagina is rarely affected with cancer, except in cancer uteri, the disease spreading from the womb to the vagina, and attacking that portion in closest proximity to the diseased portion of the womb. The symptoms and treatment correspond, to a certain extent, with a similar disease of the womb.

VASCULAR TUMOR OF THE URETHRA.—This is a small tumor situated at the orifice of the urethra, of a bright red color, the size of half a pea, and in some cases not larger than the head of a pin, at other times much larger, very tender to the touch, accompanied with almost constant pain, with frequent desire to pass water, which is attended with intense burning and smarting; the pain is also increased by sexual intercourse, and by walking; very often there is a puriform discharge from the urethra. Although usually situated at the orifice, in some cases the tumor is attached to some portion of the water passage, a short distance from

the orifice, and cannot be brought into view until the urethra is dilated. In some cases, there are several of them clustered around the orifice, or just within the passage. If not removed, they sometimes attain the size of a bean or larger. The best method of getting rid of these troublesome excrescences, is to snip them off with a pair of curved scissors, care being taken to remove all the growth. The hemorrhage, which is sometimes considerable, can be restrained by touching the cut surface with nitrate of silver, or nitric acid. Some recommend removing them by ligature, but this mode has no particular advantage to recommend it. When very small, they have been cured by touching them every three or four days with nitrate of silver, and other caustics, but even when ever so small, excision is preferable to any other mode; and if the nitrate of silver is then applied freely to their base, they will rarely grow again. If, after the operation, the parts should become inflamed, apply lead wash and other cooling lotions.

CHAPTER XX.

PRURITUS, OR ITCHING OF THE VULVA.

This is a burning, smarting, stinging sensation, or an intense itching of the privates. It may affect the external parts, the vagina, or the neck of the womb. To relieve the intolerable itching, the patient rubs or scratches herself to such a degree, that the skin becomes excoriated, which aggravates the malady. It usually occurs during pregnancy, but is not confined to women in this condition, as it sometimes affects young females, at the commencement of menstruation, and is also observed at the turn of life, and sometimes afflicts elderly females, who have long passed the second critical period.

"It is sometimes an unpleasant sense of creeping or formication; at other times, a feeling of smarting, while in other cases, the positive itching is so distressing as to be almost unbearable. Warmth always aggravates it, and with some persons, it suffices to come into a warm room in order to experience an attack of it; while in the case of most patients, the nights are in a great measure sleepless, because to lie down in bed is at once a signal for the commencement of the itching. Cold, for a moment, eases it, but this relief is but momentary, and pa-

tients are driven to scratch and rub themselves, in order to obtain a sort of relief, which consists in a substitution of a burning, smarting sensation for the less tolerable itching. This, however, not only does no real good, but the very rubbing of the parts both aggravates the patient's condition, and also helps to produce, and to keep up, a state of morbid sexual excitement, which, in some of these cases, constitutes by no means the least of her sufferings."*

If the parts are examined, they are sometimes found in a healthy condition, but very often, there is more or less inflammation observed, and the parts are found studded with little red points, or covered with an eruption resembling aptha or thrush, which sometimes extends up the vagina to the neck of the womb. Dr. Dewees mentions a case in this wise :— "A lady, whose husband was more notorious for his gallantries than his domestic virtues, was attacked in the incipient stage of pregnancy, with an intolerable itching in the pudendum, and even within the os externum, along the vagina. Suspecting she was infected by a venereal affection, we were sent for, and she giving such an account of her feelings, as to make us think it might truly be the case, we proposed an examination of the parts, which was finally acceded to. Upon separating the labia, the whole face of the vulva, the os externum, and the vagina, as far as it could be viewed, was covered with an incrustation of apthæ. We assured our patient that her complaint was not as she had ex-

* West on Diseases of Women, page 480.

pected, but one we hoped we could quickly remove. We accordingly ordered a strong solution of borax in water, and requested her to wash herself four or five times a day with it, as well as to throw some of it up the vagina at the same time ; she did so, and was perfectly well in twenty-four hours."*

It sometimes happens, that a female, affected with this malady, communicates a similar disease to her husband.

"We have known a complaint communicated to the male by intercourse with a woman, laboring under pruritus ; it is very similar to that which infected the female, in its general character ; that is, there was great itching and swelling of the prepuce, the whole internal surface of which, together with the glans penis, were covered with an apthous efflorescence."†

In one form of this complaint, there is a peculiar sensation experienced, described by the patient as being not so much of an itching, but a feeling as though insects were crawling about the parts, sometimes externally, at others high up the vagina. When this sensation is felt around the external parts, it induces a strong desire to scratch or rub it, but when it is situated within the vagina, she cannot relieve herself by this process ; in either case, it produces great nervousness. Pruritus is frequently connected with some uterine or ovarian difficulty. In some cases it is caused by constipa-

* Dewees' Midwifery, page 123.

† Dewees' on Diseases of Females, page 51.

tion and piles, by an acrid discharge from the womb, or mucuous membrane of the vagina. It has also been known to arise from the hair on the labia turning inwards, irritating the inner surface of the genitals, as the inversion of the eyelashes sometimes cause irritation and inflammation of the eyes ; when this is the case, by removing the offending hairs, the complaint ceases. The treatment of this troublesome malady, will be modified according to the cause producing it, and the constitution of the patient. In some cases, local or general bleeding will be indicated, bathing the parts with tepid water and milk, castile soap and water, or a tea of marshmallows or poppy heads, some of which should be injected up the vagina ; these simple washes will be found very grateful, particularly in cases where the vagina is hot and dry, indicating an inflammatory state ; when this is somewhat abated, or the disease of long standing and chronic, some of the astringent injections will do good, as sulphate of zinc, sulphate of iron, or alum. The chloride of zinc, three grains to the ounce of water, will suit some cases. Anointing the parts externally and internally with cod-liver oil, or chloroform half a a drachm, with one ounce of sweet oil, or simple cerate, and extract of hyoscyamus will be of service, also creosote five or six drops to the ounce of water, a solution of nitrate of silver eight or ten grains to the ounce of water is sometimes used ; from one to two grains of corrosive sublimate to the ounce of lime water, has been used with bene-

fit in some cases. In many cases the solution of borax, will effect a cure ; it may be made with half an ounce of borax, to half a pint or a pint of water, according to the sensibility of the parts, sometimes the solution will have a better effect if five or six grains of morphine or one or two table-spoonsful of laudanum is added to half a pint of the solution. The Goulard water is of benefit in some cases. The bowels should be freely evacuated, and kept in a soluble condition by saline aperients, and the warm hip bath occasionally resorted to. The internal treatment will be governed by the general health of the patient. When pruritus occurs in pregnant women and is due to that condition ; if some of the above remedies do not cure the complaint, they will at least make the patient more comfortable until delivery takes place, when the pruritus usually ceases.

CHAPTER XXI.

HYDROMETRA, OR DROPSY OF THE WOMB.

This is a collection of fluid in the cavity of the womb, sometimes thin and colorless like water, or it may be mucous, serous, purulent and bloody. It is evident that it cannot occur unless the passage through the neck of the womb is closed by adhesion, or obstructed by a morbid growth, as a poly-

pus, or some other kind of tumor, or misplacement of the organ. In the latter case, while menstruation continues, the fluid, if secreted, would escape with the menstrual discharge. But after this function has finally ceased, it would be expelled only when it had accumulated in the uterine cavity in such quantity as to be forced out by the contractions it induced, or by the resistance of the tissues of the womb overcoming the obstruction caused by the misplacement. Dropsy of the womb may occur in the virgin before or after menstruation has finally ceased, but it is more frequently met with before the turn of life, and with females who have had children; it also occurs during pregnancy.

The amount of fluid contained in the uterine cavity is liable to great variation. Cases are recorded where it amounted to several gallons. In some cases, the womb, unable to contain so large a quantity, has burst, the fluid escaping into the abdominal cavity, producing fatal peritonetis; it has also been known to force the obstruction and escape through the natural outlet.

Symptoms.—The symptoms are both mechanical and sympathetic, as in pregnancy; the abdomen gradually enlarges, until the patient feels more or less inconvenience from the pressure of the distended womb affecting the neighboring organs. The stomach becomes sympathetically affected, there is loathing of food, nausea, and occasional vomiting; the breasts enlarge, and the female often believes herself to be pregnant, until by a spontaneous evac-

uation of the fluid, or the enlargement continuing so long, she is obliged to change her opinion. Cases are mentioned by medical writers, where, under the impression that delivery was about to take place, the woman has summoned her attendants, repaired to bed, and while assisting the anticipated delivery by a bearing down effort, the obstruction has suddenly given way, followed by a copious discharge of fluid, and a collapse of the distended abdomen, putting to flight her anticipations of becoming a mother. Sometimes there is a quantity of gas contained in the enlarged uterus with the fluid, and a sudden escape of such a collection is often attended with a loud noise, to the no little chagrin of the patient. In some cases, there is more or less tenderness over the region of the womb, and the woman presents a pale, bloated appearance, with great derangement of the general health, swelling of the extremities, obstinate constipation, thirst, hot skin, shiverings, rapid and feeble pulse, tongue coated, urine high colored and depositing a dark colored sediment resembling brick dust, and as a general thing, suppression of the courses. The collection of fluid produces in many cases periodical pain, similar to labor, which the woman complains of as colics. The treatment consists in evacuating the contents of the womb, and repairing the enfeebled constitution, and preventing the reaccumulation of the fluid. In some cases, where there has been a spontaneous escape of the contents of the womb through the natural channel, it has not filled again,

but this rarely happens. If the passage through the neck of the womb has become impervious from adhesion, a long and curved trocar is thrust into the uterine cavity, and the fluid allowed to escape through the canula, which should be left in the artificial opening for some time to prevent its closing; or this may be accomplished by introducing bougies from time to time for the same purpose. Where the neck of the womb is filled up by a polypus, or other tumor, it should be removed, if practicable. Sometimes, when the neck of the womb is occupied by a tumor, or obstructed by a flexion of the organ, it may be dilated by introducing sponge tents, until it has become sufficiently opened to allow the fluid to escape. In some cases, where the natural outlet has not beocme obliterated by adhesion, a few doses of ergot has brought on active uterine contractions, which has resulted in the escape of the contents; or it has been removed by introducing the catheter into the uterine cavity. To prevent a reformation of the secretion, astringent injections have been thrown into the cavity; it has also been proposed to cauterize the lining membrane of the womb with nitrate of silver; diuretics are sometimes resorted to, as in general dropsy; alteratives are also indicated, together with tonics, to improve the general health of the patient.

PHYSOMETRA, OR WIND IN THE WOMB.—Several authors describe a peculiar condition of the womb, which consists in a perverted action of its lining

membrane, secreting a gaseous fluid, which so distends the organ, that pregnancy has been supposed to exist, and cases are recorded where this impression has been carried so far, that the woman has made preparations for her lying-in ; at last, her anticipations have vanished in the escape of a large quantity of gas from the uterine cavity. The existence of this affection has been denied by some medical writers of great experience in diseases of women. That there has been collections of air in the womb, observed under certain circumstances, is not doubted, but the question in dispute seems to be, the possibility of the womb containing a quantity of gas, distending the organ, as in pregnancy, and the passage through the neck of the womb pervious. The escape of the gas from time to time, proves that the passage is not permanently closed, at least; but why does it not escape as fast as generated ? If the passage was not obstructed, it would do so. When generated in the stomach, this organ contracts, overcomes the resistance of the muscular tissue of the cardiac or pyloric orifices, and the offending gas passes up out of the mouth, or down into the lower bowel, or it may be generated in this portion of the viscera. It is then expelled by the action of the abdominal muscles, compressing the intestines, or by the contraction of the muscular tissue of the bowels, forcing the æriform fluid down out of the body, overcoming in its course, the contraction of the sphincter ani. The womb not being provided with a sphincter, if it contains a quantity

of gas, and the passage is not closed by adhesion, we must look for some other obstructing cause ; this may be a flexion of the organ, a morbid growth at the mouth of the womb, or within the neck, a clot of blood, a dead fœtus, or some other substance within the cavity, resting upon, or partially within, the upper portion of the cervical canal. As previously stated, some of the above conditions of the womb produce an obstruction of the menstrual secretion, which results, in some cases, in the accumulation of a quantity of bloody fluid within the uterine cavity. By those who have described this disease, it is stated that the wind in the womb is sometimes generated or secreted by the membrane lining its cavity. It is easy to understand how it can be generated by the decomposition of a vegetable or animal substance, but how a mucous membrane can secrete or exhale air, is past finding out. As we do not expect to find a vegetable substance in the cavity of the womb, the conclusion arrived at, is that the gas is formed in consequence of the decomposition of an animal substance, and this may be a clot of blood, a piece of the after-birth, some portion of the membranes, a dead fœtus, or it may be, an ulcer, or a decomposition of mucous, secreted by the inner surface of the womb. The gas is sometimes inodorous, at others very offensive ; more or less fluid, also escapes with the gas in some cases. Women of a delicate or feeble constitution are more subject to it than others. When the after-birth, or a portion of it, is retained in the womb for a number of days

after delivery or abortion, it is not a rare circumstance to find it in a putrid condition, and its removal attended with the escape from the womb, of a bloody fluid, and a quantity of gas of very bad odor. At child-birth, there is sometimes an escape of wind from the vagina, and occurs in this way; the womb being forced down at delivery, shortens the vagina, but when the child has escaped from the parts, the womb recedes to a higher position, which has the effect to draw air into the vagina; when the woman makes a bearing down effort to assist in expelling the after-birth, the womb is forced down again, expelling the air in the vagina with a loud noise, in some cases. There is no doubt, this has sometimes been mistaken for an escape of wind from the womb. Something very similar is sometimes observed in cases of falling of the womb; when the female is on her feet, the womb settles down near the lower outlet; when she lies down, it recedes, as in the previous case, and as soon as she rises, the womb settles down again, expelling the air in the vagina. The symptoms and treatment of wind in the womb does not differ materially from that mentioned under the head of hydrometra.

CHAPTER XXII.

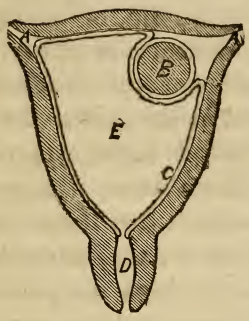
PREGNANCY.

Reproduction or propagation of the species, is a universal law, manifested in some peculiar form throughout the animal and vegetable kingdoms. In some of the lower orders of plants and animals, the process of reproduction is very much alike, but as we ascend the scale of animated beings, the phenomena becomes more dissimilar and mysterious, culminating in man, the master-piece of the Creator. If we look no further back in the world's history than the time of Hippocrates, we shall find that for more than two thousand years, the phenomena of human pregnancy has been an interesting subject of investigation in every age, and still the interest continues, and the mystery remains unexplained, in many important particulars. To review the different theories that have been promulgated from time to time, in regard to impregnation, would occupy much time, and far exceed our limits, and at the same time, such a course would be foreign to the object of this treatise; we shall, therefore, be content with simply adverting to the generally received opinion at the present day, and pass to the effects on the female organism, resulting from con-

ception. By referring to what has been previously stated in regard to the ovaries, we shall find that they are situated on each side of the womb, in size about as large as pigeons' eggs, and composed, to a great extent, of little vesicles, one of which escapes through the fallopian tubes into the womb, making its exit out of the body at every period of menstruation. The ovaries resemble the little eggs, found in the bodies of female birds, and the term, ovaries, signifies a collection of eggs. The term conception, therefore, means the impregnation of one of these little ovarian vesicles, or eggs, from connexion of the sexes. When the sexual union has been successfully accomplished, the fluid, or semen, from the male, is injected into the vagina, from whence some portion of it is conveyed by a mysterious process, into the womb, through the fallopian tubes, and deposited on the ovaries. When the act of copulation has resulted in impregnating an ovarian vesicle, it leaves the ovary a germ of a new being, passes through the fallopian tube, and enters the womb, where, under favorable circumstances, it goes through the different stages of development.

Such, then, in a few words, is the theory of conception at the present day, recognized by men of great scientific attainments. Without wishing to enter into the discussion of a question, that we consider admits of assertions only, on both sides, we simply remark, that the present theory of conception, although not quite satisfactory to us, still we consider it more rational than many that have pre-

ceded it, and also supported by investigations of modern origin. But, notwithstanding the light shed upon this subject by aid of the microscope, the veil of obscurity that has surrounded the phenomena of impregnation from the earliest ages till the present, this important instrument has not been able to remove. It has elucidated some points connected with this subject, but others of greater importance, it has not, and could not be expected to explain. We can safely say, however, without the fear of contradiction, that under favorable circumstances, copulation results in impregnation, and that when the ovaries of the female, or testicles of the male are removed, conception cannot take place. It is, therefore, evident that these organs play an important part in the process of reproduction ; but how the semen reaches the ovaries, through the womb and fallopian tubes, aside from the fact, that a common size bristle fills the passage of the tubes at their entrance into the womb, is but one of several features of this mysterious process, as yet but partially explained. Immediately after conception, the womb commences to increase in size, from a greater determination of blood into its vessels, and at the same time, the inner surface of the womb secretes a new substance, which is developed into a membrane called the decidua. The cavity of the womb is lined with this membrane, before the impregnated ovum reaches it. When the ovum enters the cavity of the womb through the fallopian tube, it pushes before it that



A A, the Fallopian Tubes at their entrance into the Womb. B, the Ovum having entered the Womb, through the Fallopian Tube, pushes the membrane before it, thereby forming a bag. C, the Membrane lining the cavity of the Womb. D, the passage through the neck of the Womb. E, the cavity of the Womb.

portion of the decidua, opposite the mouth of the tube, thereby forming a bag, which increases in size as the fœtus developes; two other membranes are described as enveloping the fœtus, the chorion and amnion; the last is separated from the embryo by the water or amniotic fluid. The placenta, or after-birth, is usually attached to the upper part of the womb; in some cases, however, it is attached to the side, or over the passage through the neck of the organ; the after-birth begins to be formed about the fifth or sixth week. The fœtus is connected with the placenta, by means of the navel string, or umbilical cord; this is composed of two arteries and one vein, and usually proceeds from the centre of the after-birth, sometimes from the edge of it.

The impregnated ovum does not always reach the cavity of the womb; it may remain in the

ovary, the fallopian tube, or it may escape into the cavity of the abdomen; in either case, it is called extra-uterine pregnancy. When the impregnated ovum is arrested in its course through the fallopian tube, it is called tubal pregnancy; when the ovium remains in the tube, it increases in size just the same as though it had found its way into the uterine cavity, the tube is distended into a kind of, sac to the sides of which the placenta is attached; when the development of the ovum has continued for two or three months, the tube finally bursts from over distension, and the patient usually dies from internal hemorrhage, or inflammation of the peritoneum. When the impregnated ovum remains in the ovary, it is called ovarian pregnancy; here it goes through the same process of attachment and development as in the tube, but it may remain six or eight months, and in some cases longer, in this location, before the sac in which it is contained is ruptured; when this does occur, the same results follow as in the previous case. In the other form of extra-uterine pregnancy, the ovum is attached to some portion of the intestines, where a sac is formed, containing the fœtus, its membranes, water, and placenta, as though it was in the uterine cavity; this is called ventral pregnancy; in this situation the fœtus may remain, not only during the term of gestation, but for many years; a case is recorded, where a female carried a child, under these circumstances, over fifty years.

"In ovarian pregnancy, the fatal termination is

merely postponed till a later period, during which the patient has to undergo attacks of most terrible suffering; at length, after a paroxysm more than usually severe, and frequently attended with the sensation of something giving way in the abdomen, faintings come on, speedily followed by death. During the attacks, there is obstinate constipation, which is attended with painful and fruitless efforts to evacuate the bladder and rectum; the face is pale, and expressive not only of the most acute suffering, but of great anxiety and mental depression; nevertheless, in the intervals of the attacks, she feels easy, and appears well and cheerful. The termination of ventral pregnancy is very different; after a time the fœtus dies, and may either remain enclosed in the cyst for life, or it may be discharged in portions, by means of an abcess, either through the intestines, uterus, vagina, or abdominal parietes. Cases have occurred where it has come away by the bladder; in the former case, where it is retained, it diminishes more or less in size, becomes hard and closely packed together, and in some instances incrusted with a layer of calcareous matter."*

Development of the Ovum.—As previously stated, the impregnated ovum enters the uterine cavity through the fallopian tube; this occupies a number of days. Maygrier says, "we see nothing in the uterus previous to the seventh day, to indicate the existence of a new being. From the twelfth to the thirteenth day, there is a vesicle as

* Rigby's Midwifery, page 106.

large as a pea, containing a thick fluid, in the midst of which swims an opaque point. It is thought that the heart alone exists at this period. Its weight is estimated at one grain. At the twenty first day it weighs from three to four grains. At the thirtieth day, the embryo resembles a worm, which is curled up. We observe at this period, some very faint traces of the principal organs, and of the situation of the upper extremities. It weighs from nine to ten grains" and its length is about one inch.

Ovum of about two weeks natural size.

The same opened and magnified.

Embryo of about one month, natural size.

"At the forty-fifth day, the form of the child is very distinct." Ossification commences, "the limbs appear in the form of tubercles, resembling the sprouts of vegetables. The eyes, mouth and nose, are marked by blackish points and lines. Its weight is one drachm, its length two inches. At two months, all the parts of the fœtus are present, the dark points which represents the eyes, enlarge; the eyelids may be traced, and appear transparent; the nose begins to be prominent; the mouth enlarges and

opens: the brain is soft and pulpy; the neck shows itself: the heart is very much developed, and opaque lines are seen to proceed from it, which are the first traces of the large vessels. The fingers and toes are distinct. Its weight is five drachms and its length four inches."*

Ovum of about two months, the membranes in which it is enclosed laid open. A, the After-birth, just beginning to be formed.

"Although the genital organs are now visible, it is, however, difficult to distinguish the sex, the clitoris and penis having an identical development."†

*Maygrier's Midwifery, page 59.
†Chailly's Midwifery, page 23.

CHAPTER XXIII.

SIGNS AND SYMPTOMS OF PREGNANCY.

PREGNANCY usually manifests itself by certain signs and symptoms, which the female readily recognizes as indications of this condition. Some women can tell immediately after sexual intercourse, that conception has occurred; others again, are not aware of it until they feel the motions of the child. In other cases, the usual symptoms are so obscure, or complicated with some abnormal condition of the system, that not only the woman herself has been deceived, but even physicians have been known to commit serious mistakes in consequence.

One of the indications of pregnancy usually observed, is an interruption of the menstrual flow; yet this sign is liable to great variation, as it is a common occurrence for the courses to make their appearance once, after conception has occurred, and others menstruate regularly during the first three or four months; and in rare cases, this function continues through the entire nine months. Dr. Dewees says, he knew of an instance where the mother and daughter, continued to menstruate until the seventh month of pregnancy. Heberden mentions a case, where the flow was regular up to the time of delivery. Nicholson, Mayo, and others, relate simi-

lar cases. Placing too much reliance on this sign of pregnancy has resulted in destroying the child in the womb, in a number of instances, where women have been executed for some capital crime, after being examined and pronounced not pregnant, because they menstruated. Riolin mentions having publicly dissected before the medical class, the body of a woman who was hanged for robbery, when, upon opening the womb, she was found to be pregnant, and to have completed more than half her time; yet, the physicians who examined her, pronounced her not pregnant. Mauriceau mentions a similar case, and Montgomery relates the following: "During the French Revolution, a countess, who was sentenced to the guillotine, declared herself pregnant, and was, in consequence, examined by some of the most experienced midwives in Paris, who declared her plea to be false; but, after execution, she was found, on dissection, to have been far advanced in pregnancy with twins."*

Some women menstruate only when they are pregnant, and others become pregnant that do not menstruate. Cases are recorded, of women becoming pregnant, after the apparant final cessation of menstruation. It often occurs to young females, immediately after marriage, to have their courses stop for two or three periods, after which they become regular again, without any appearance of a miscarriage. Women that are nursing, frequently have their menstruation regular. From what has

*Montgomery on Pregnancy, page 66.

been stated, it is evident that the fact of menstruation continuing, does not prove the non-existence of pregnancy, neither can the absence of the monthly flow be taken as a sure indication that the female is pregnant, although followed by other signs of pregnancy, as previously stated under the head of obstructed menstruation. Yet, as most women in good health, and previously regular, do not have their courses if pregnant, all deviations from this course should be considered as exceptions to the rule.

Morning Sickness.—Women generally, are troubled more or less with nausea and vomiting soon after impregnation; as it frequently occurs soon after rising, it has been called the morning sickness. It usually commences about the sixth or eighth week, and ceases soon after quickening; in some cases, it occurs during the first week of pregnancy, and some women are afflicted with it most of the time they are pregnant. Sometimes it is merely a throwing up of a watery, glairy fluid, at others the food is rejected as soon as partaken of. In some cases, after having vomited the morning meal, she is able to eat again immediately, and retain it; and on the following morning the same thing occurs again, without producing any further inconvenience. At other times, the smell or sight of food is sufficient to cause nausea and vomiting, at any time, which sometimes becomes so constant and severe, that she suffers for the want of nourishment, and cases are recorded, where it has caused abortion, and even the

death of the woman. Some females are free from it entirely, and enjoy a better state of health when pregnant than at any other time.

TREATMENT.—In some cases, if the woman will partake of a little food before rising in the morning, as a piece of toast and a cup of tea, she will escape the annoyance of being sick at the stomach; but where the vomiting still persists, and the patient is of full habit, bleeding will frequently do good, or a mustard plaster, or a cloth wet with laudanum, applied to the stomach; sometimes leeches are applied with benefit; sometimes a piece of ice held in the mouth, and as it melts, allowed to pass into the stomach, will check the sickness; soda water, also, or a seidlitz powder, is often of service; the mineral or vegetable acids are recommended. The compound spirits of lavender, or the ammoniated tincture of valerian suit some cases; mint tea, or a few drops of the essence of peppermint and water, do good; chalk mixture, or magnesia, and other remedies of this class will often relieve, if not cure the difficulty; creosote has been recommended, also a few drops of spirits of turpentine. If there is much pain in the stomach, laudanum, opium, or hyoscyamus will often have a good effect; sometimes a tea of camomile flowers or hops will be of great service, or the following:—subnitrate of bismuth, ten grains, extract of gentian, or extract of colombo, thirty grains; make ten pills, one, three or four hours apart. Spirituous liquors are beneficial sometimes; an injection up the back passage, containing

laudanum, or some preparation of opium, has been recommended. The bowels should be kept open by gentle aperients. Some obstinate cases are cured only by delivery, at full term, or by premature delivery.

HEARTBURN.—Some women are troubled more or less with heartburn; it frequently occurs in the early part of pregnancy, and ceases in a few weeks; at other times, it continues during most of the term of gestation, and may be very distressing. As it is frequently associated with acidity of the stomach, soda or magnesia will be useful; also ammonia, or the liquor potassa; sometimes the mineral or vegetable acids do good; the bitter infusions, as in the previous case, are often of service; also lavender or valerian. Some women find that chalk gives them relief, and consume large quantities of it. Dr. Dewees mentions the case of a lady, "who was in the constant habit of eating chalk during the whole term of pregnancy; she used it in such excessive quantities as almost rendered the bowels useless. We have known her, many times, not to have an evacuation for ten or twelve days together, and then only procured by enemata, and the stools were literally nothing but chalk. Her calculation, we well remember, was three half pecks for each pregnancy. She became as white, nearly, as the substance itself, and it eventually destroyed her, by deranging her stomach so much, that it would retain nothing whatever upon it."*

*Dewees' Midwifery, page 275.

Longings.—Pregnant women sometimes experience a strong desire, or longing for articles of diet, which they could not be prevailed upon to touch at any other time; in some instances, the articles longed for are of the most unnatural and revolting kind. It used to be a common opinion, that a woman should be indulged in this respect, for fear that some injury might happen to her, or that the child might come into the world, bearing the mark of the article longed for by the mother; whether such a result would be likely to occur or not, it is well enough to gratify a fancy for such things as have no tendency to injure either mother or child, but when the longing oversteps the bounds of reason, and the woman desires crude, unwholesome, and indigestible substances, calculated to injure her or the child, it would be worse than folly to indulge such a desire. This perverted taste sometimes assumes the form of antipathy for certain articles of diet, that the woman was formerly in the habit of enjoying. At other times the appetite for wholesome food is so greatly increased, that she is not satisfied with her regular meals, but is obliged to eat several times between meals, and even get up in the night to satisfy her appetite.

Changes in the Breasts.—Enlargement of the breasts is usually observed in pregnancy; in some cases, this change occurs a few days after conception; in other cases, not till the full term is nearly completed; and instances are mentioned, where they did not show any increase in size until

after the birth of the child. Usually, however, about the second or third month, the female experiences tingling pains in the breasts, with a feeling of fullness; they are hard, and tender to the touch, and begin to enlarge; the veins increase in size, the nipple becomes more prominent; the circle around the nipple assumes a different color, becomes darker, and little elevations are observed, like pimples. In some cases, they are so swollen and painful that it is necessary to rub them often with camphorated oil. As an indication of pregnancy, too much reliance should not be placed on the enlargement of the breasts, for several other causes may produce the alteration in size and appearance, and pregnancy may exist without affecting the breasts. Immediately after marriage, some females experience pains in the breasts, with enlargement, although not pregnant; the same thing is frequently observed in consequence of enlargement of the womb from a tumor, and other conditions of the system.

Enlargement of the Abdomen.—An increased development of the womb, is, as a necessary consequence, followed by enlargement of the abdomen, which becomes more or less prominent, according to the form of the woman; some being larger at four months than others at six. It usually begins about the third month; with women who have had children, it is not generally observed as soon as in cases of first pregnancy; with the enlargement of the abdomen, there is also, in most cases, a greater prominence of the navel, and in some cases, partic-

ularly in first pregnancy, there is a tenderness of the abdomen, but it is not confined to the immediate region of the womb ; the woman usually complains of the entire abdomen being tender to the touch, in consequence, probably, of a stretching of the integuments.

As an indication of pregnancy, enlargment of the abdomen is a sign of little importance ; many cases having occurred, where the female has been pronounced pregnant, when the enlargement was caused by a tumor, collections of the menstrual secretions in the womb from imperforate hymen, or adhesion of the walls of the vagina, or closure of the mouth of the womb, and other causes. Dr. Dewees mentions the case of a young girl, who commenced to menstruate when between twelve and thirteen years of age ; after a time, she was taken sick, but her courses did not return after her recovery ; her abdomen began to enlarge, she had morning sickness, the breasts enlarged ; a physician who was consulted in regard to her case, after enquiring into the symptoms and examining the abdomen, pronounced her pregnant. Not feeling satisfied with this decision ; Dr. Dewees was consulted, who found the abdomen considerably enlarged from a tumor, principally in the left side, which proved to be an enlargement of the spleen. "No tumor was to be found in the pubic region, consequently the uterus was not found enlarged ; the navel was sunk, and upon an attempt to pass the finger into the vagina, I found so much evidence of her continency, that I

did not persevere, being perfectly satisfied, from the condition of the parts, that she was a virgin. I unhesitatingly, and with no common degree of pleasure, declared the poor child to be free from the charge so heedlessly and cruelly prefered against her."

In relation to the same subject, Dr. Montgomery relates the following: "A well educated young woman, mistress of an infant school, established by a family of rank and fortune, in one of our midland counties, was observed to be large in her abdomen, and to exhibit several symptoms of deranged health; in consequence of which, she was visited by a medical man, who discovered in the abdomen, a tumor as large as, or in other respects resembling, a gravid uterus of six months; but the catamenia were declared, but not believed, to be quite regular; nor were there present, mamary changes indicative of conception; but she was pronounced pregnant, and another and more senior practitioner confirmed, in the strongest terms, the opinion already given; the truth, or possibility of which, the young woman most solemnly denied; the family, under whose patronage she had hitherto lived, entertained the highest opinion of her morals and veracity; but the medical opinion was so strong and unqualified, that she was removed from her situation, and sent to town, never to return, except she brought, from me, a certificate that she was not in the condition attributed to her. On examination, I readily discovered in the abdomen, a fibrous tumor, but no symp-

tom of pregnancy ; she was actually menstruating at the time she came to me ; the breasts were flaccid and unchanged. I gave the necessary certificate and, after remaining a month under my observation, she returned home ; and, was within a year, married to a young man who had been attached to her before the imputation had been cast on her character ; unfortunately for her, she soon afterwards proved pregnant, had a very severe labor, followed by inflammation, which ended in death."*

A melancholy case is related by Dr. Bedford, Professor of Obstretics in the University Medical College of this city. Dr. Bedford was called to visit a young lady in New Jersey, whom he found to be in the last stage of consumption, and from her appearance, it was evident that death would soon claim her for his victim. On entering her room, she said, with a smile of angelic sweetness " I am glad to see you, on my father's account, for he will not believe that I cannot yet be restored to health ; but life has lost all its charms for me ; I long only for the repose of the grave." The history of the case was this. At an early age, her mother died, and having no other children, her father, a clergyman of high standing in the English Church, lavished upon her a father's undivided love ; her education he attended to, principally, himself, being well qualified for this duty by his amiability and talents, and saw, with pride, his only daughter ripen into womanhood, with every prospect of being a

*Montgomery on Pregnancy page 57.

comfort and a blessing to him in his declining years; but it was decreed otherwise. Having attained her eighteenth year, she engaged herself in marriage to a young barrister, a man of excellent character and high attainments. In a short time after her engagement, she began to decline in health, became irregular in her menstruation, subject to nausea and vomiting, the abdomen and breasts enlarged, manifesting some of the usual symptoms due to pregnancy. The alteration in her appearance was observed by some of her female acquaintances, who soon circulated the vile slander, that she was pregnant. This unjust report was communicated to her intended, who, without inquiring into the truth or falsity of the rumor, wrote to her father and requested to be released from the engagement; this was immediately granted. The young lady, conscious of her innocence, and trusting in that God she had been early taught to revere, requested that a physician might be called, who, she believed, would ascertain the nature of her malady, and put to shame her vile traducers. The physician was called, and after inquiring into her symptoms, he informed her father that there could be no doubt of her condition; she was evidently with child; and advised him to take some course immediately, to keep the affair from gaining any further publicity. Her father, never for a moment doubting his danghter's innocence, spurned the advice with just indignation, and called in other medical men, who held a consultation in regard to her case.

and after due deliberation, the previous opinion was confirmed. Upon this they decided to leave England, and seek a home in America. They gathered up their little property, and with heavy hearts bid adieu to their once happy home, to seek among strangers, an asylum where they might hide their shame. While on the passage, the daughter was quite ill from sea sickness, and a medical man on board the vessel was consulted; he, forming an opinion from her general appearance, believed her pregnant, and remarked to the father, that there was great danger of her having a premature delivery. Soon after arriving in this country, Dr. Bedford was requested to see her, who, after a minute and careful examination, pronounced her not pregnant, but afflicted with a fibrous tumor of the womb, and so far gone with consumption, that a restoration to health was out of the question. On being informed that she was not pregnant, her father evinced no surprise, as he had never entertained such a suspicion; but when informed that she was past cure, he was bowed down with grief. In a few weeks from this interview, this much injured girl was beyond the reach of lying tongues; death had claimed his victim. Dr. Bedford was informed of her death, and requested to make a post-mortem examination, which he did, in the presence of other medical men, and he says, "as I removed the tumor from the womb, her father seized it convulsively, and exclaimed, 'this is my trophy, and I will re-

turn with it to England, and it shall confound the traducers of my child.'"*

This is not a fancy sketch, but a stern reality; a sad commentary on the mischievous influence of forming an opinion from appearances, unsubstantiated by a judicious examination, and should be a warning to females not to condemn one of their sex on suspicion. For who can imagine the mental sufferings of a virtuous female, degraded in the circle of her acquaintance, by the withering curse of the slanderer's lying tongue? And what satisfaction it must be to those who, when consulted in regard to such cases as those above related, can say, the charge is false, you are not pregnant. The arduous duties of an active professional life are well repaid, by the feelings within every honest heart, to be able thus to vindicate female virtue.

Costiveness.—Pregnant women are subject to costiveness, caused by pressure of the enlarged womb upon some portion of the intestines, derangement of the digestive function, or from an increased action of the reproductive organs, and an inactive state of the bowels. In some cases, the patient has an evacuation every three or four days; in other cases, one or two weeks elapse without a movement of the bowels; and cases are recorded, where the woman has gone for months without a passage. The inconvenience arising from this torpid state of the bowels, varies according to its degree; headache

*Bedford on Diseases of Women and Children, page 52.

is a frequent result, also variable appetite, nausea and vomiting; restlessness, particularly at night, and unpleasant dreams, swelling of the extremities, piles, pain in the back and abdomen, which sometimes results in bringing on premature delivery, from the violent straining to induce a passage; sometimes the more liquid portion may pass at stool, and the patient think she has had a natural passage, at the same time experience little relief, in consequence of the lower part of the rectum being filled up with the more solid portion, which has become so hard and dry, that it is with great difficulty removed. A costive state of the bowels, exceeding two or three days, should be attended to, and at first a mild course of treatment is best, for it frequently succeeds; besides, very active medicines, particularly if they contain aloes, have been known to produce abortion. The patient had better try what can be done by dieting, in the first place, together with the free use of ripe fruits, stewed prunes, and the like. If this course is not sufficient, injections may be resorted to with great advantage; in obstinate cases, cathartics will be required, such as senna and manna, magnesia, cream of tartar, rhubarb and magnesia, castor oil, extract of butternut, or any other preparation suitable to the condition of the woman; hyoscyamus combined with some of the above remedies, will often have a good effect. It is a common occurrence for women, after delivery, to be troubled, more or less, with costiveness, continuing, in some cases, most of the time they are nur-

sing ; the bowels should be kept regular by some of the above remedies.

Diarrhœa.—Pregnant women are subject to frequent attacks of diarrhœa, coming on from time to time, during the term ; in some cases, it has been known to occur immediately after conception. A moderate looseness of the bowels will not require any special treatment ; but where it assumes a more active form, as frequently happens, it should not be neglected ; it may excite contractions of the womb, resulting in abortion, particularly when it assumes the character of dysentery, which is usually accompanied with tenesmus. The evacuations may be simply the usual discharge, in a more liquid state than natural, or they may be dark colored, very offensive, watery, and acrid, accompanied with headache, fœtid breath, bad taste in the mouth, loss of appetite, debility and prostration. The liver is frequently in a torpid condition, the bile unhealthy and irritating. The treatment will be governed by the frequency and character of the evacuations ; to act on the liver, some preparation of mercury, as chalk and mercury, or podophyllin and leptandrin, or extract of dandelion, will be indicated ; also small doses of rhubarb and ipecacuanna, chalk mixture with some astringent, as catechu or kino, and other astringents ; bearing in mind that the discharge should not be checked too suddenly ; particular attention should be paid to the diet. In some cases, great benefit is derived from anodyne injections, as half a tea-cupful of thin starch, with a

tea-spoonful of laudanum. To quiet the nervous system, some preparation of opium will be required, or the camphor mixture, compound spirits of lavender, or ammoniated tincture of valerian.

PILES.—Females are often afflicted with piles, whether married or single, pregnant or not; but during pregnancy, they occur more frequently than at any other time, as the result of costiveness, or from pressure of the enlarged womb on the blood vessels. They are external or internal, bleeding or blind piles, according to whether there is a discharge of blood from them or not. They frequently cause great distress, increasing the discomfort of the pregnant female; the pain experienced at stool, often induces the woman to go as long as possible without an evacuation of the bowels, which only increases the complaint. Piles are enlarged blood vessels, and are usually preceded by a sensation of weight and fullness in the lower part of the rectum, with a stinging, pricking sensation about the entrance; or there may be sharp, darting pains through that region, extending to the neck of the bladder, or lower part of the back. Sooner or later, little elevations make their appearance around the entrance to the rectum, which enlarge from time to time, attaining the size of peas, filberts, and in some cases much larger. If the piles are internal, they are sometimes forced down externally, when straining at stool; at such times they often burst and bleed profusely, producing great prostration; even a dangerous hemorrhage has been known to

occur ; or in cases where they are not forced down externally, hemorrhage sometimes takes place from them. In some cases, they are so very sensitive, that the patient cannot sit down, and standing or walking is attended with great inconvenience ; they are sometimes forced down externally, and do not return again into the passage ; the sphincter ani contracting upon them, they become strangulated ; the suffering is then very intense ; sometimes they inflame and ulcerate. In some cases, there is a periodical bleeding from the piles, resembling in regularity, the menstrual function. The treatment consists in freely evacuating the bowels by injections, and keeping them regular and a little loose, by saline aperients ; sulphur and cream of tartar, or castor oil, and other preparations of this class, injections up the rectum, of half a pint of cold water, three or four times a day, is a valuable remedy ; to relieve the irritation, warm emolient or anodyne injections give relief, as marsh-mallow tea, gruel, milk and water, with a few drops of laudanum, or a decoction of poppies ; if the piles are external, apply leeches, solution of sugar of lead, solution of alum, decoction of oak bark, stramonium, ointment, or the following :—sulphate of zinc, one drachm, powdered opium, twenty grains, lard, half an ounce ; anoint the piles with it. "The balsams have also been highly recommended ; and recently, pix nigra, in five grain doses, has been stated to have been successfully used, after other remedies had failed."*

* Churchill on Diseases of Women, page 516.

It is often necessary to remove the piles by an operation, but this should rarely be resorted to, if the woman is pregnant, as abortion might be induced. When the internal piles have been forced down externally, they can sometimes be returned by pressing them firmly with the fingers, previously smeared with oil or lard. It has, also, been proposed to cure them by means of constant pressure from a kind of pessary.

Enlarged Veins.—Some women are subject to this malady every time they become pregnant, unless they miscarry before it is time for the difficulty to manifest itself. It is usually confined to the veins of the legs; in some cases, the veins of the thighs, abdomen, labia, vagina or neck of the womb enlarge, and in some rare cases, the veins of the upper portion of the body are affected, presenting an uneven, knotty appearance. They usually make their appearance about the middle of the term, sometimes earlier; in other cases, not till the latter part of pregnancy. Pressure of the womb on the veins within the pelvis, is regarded as the cause of the complaint; sometimes the veins on one side are affected much more than those on the opposite side, in consequence of the womb leaning more to that side. Pregnancy is not the only cause of this malady; any difficulty that produces an enlargement of the womb, or presses upon the blood vessels within the pelvis, as tumors, may occasion it. Women of a full habit are more subject to it than others; it also occurs in females of a lax or weakly

habit. It is not so often met with during the first pregnancy, but seems to increase with the subsequent ones ; women that are obliged to be much on their feet, are more liable to it than others. The enlarged veins are not often painful, but they cause a sense of fullness or numbness, and the limb feels stiff and sometimes subject to cramps; walking is attended with considerable difficulty. After child-birth, they usually subside, causing no further trouble ; in some cases, however, they burst, and bleed copiously. When the veins of the leg ulcerate, as sometimes happens, a sore is formed that is very difficult to cure, particularly if the woman is around on her feet. Rest, in the horizontal position, forms an important part of the treatment ; a laced stocking, or a bandage, should be applied, commencing low down on the limb, where the veins are unaffected, and continuing it up the thigh ; the bowels should be kept in a soluble condition by gentle aperients ; the bandage should be applied before the patient gets up, as the veins are usually less distended at this time ; some cases will require bleeding from the arm ; if there is inflammation about the limb, apply leeches, fomentations and cold lotions ; when hemorrhage takes place from the veins, apply pressure with a compress and bandage ; also cold astringent lotions are sometimes of benefit. When the veins about the neck of the womb or labia are greatly enlarged, they cause more or less inconvenience at delivery. The applications of the galvanic bat-

tery have been followed, in some cases, by a favorable result.

Swelling of the Feet and Legs.—Pregnant women are sometimes afflicted with a swelling of the feet and legs, and a more or less dropsical condition of other portions of the system, occurring usually during the latter part of the term; and when confined to the feet and legs only, the patient does not experience much inconvenience from it; but when more extensive, affecting the thighs, external organs of generation, and other portions of the body, there is considerable distress, and the patient is liable to convulsions, when delivery takes place. As it does not often occur until the womb has attained a considerable size, it is supposed to be caused, to a great extent, by the pressure of this organ upon the blood-vessels and lymphatics within the pelvis. The same condition is observed frequently in chlorosis, and other conditions of the system, characterized by an altered or impoverished condition of the circulating fluids; as to its manifesting itself first in the feet and legs, this is what might be expected, from our knowledge of the law of gravity, and as the patient assumes the recumbent posture, the infiltrated fluid recedes, being scarcely perceptible in the morning, but after being on her feet for a few hours, it again returns.

In some cases, the feet and legs are greatly distended; by pressing them with the point of the fingers, deep indentations are made, which gradually fill up, after the pressure is removed. Sometimes

the skin bursts, the fluid oozing out of the openings thus formed ; they may be attacked with erysipelas, followed, in some cases, with ulceration. If the swelling is only moderate, little inconvenience is experienced, but when it extends to the thighs and hips, the patient is obliged to confine herself to the recumbent posture, being unable, in some cases, to stand or sit without great distress. By being deprived of exercise, the general health suffers in consequence, to a greater or less extent ; at the same time other portions of the body become infiltrated with the fluid, which adds to the distress. The treatment will be modified according to the severity of the complaint ; the legs should be bandaged as in enlarged veins, the general health improved by tonics, some of the preparations of iron and others ; the bowels should be kept in a soluble condition by saline aperients ; remedies to act on the kidneys and increase the quantity of the urine, which is often deficient, will be of service, for this purpose, give spirits of nitre, digitalis, squills, and others of this class. Some cases may require general bleeding ; small doses of tartar emetic have been used with advantage ; also friction, or blisters to the inside of the thighs. The external parts may be greatly distended ; sometimes they burst or become ulcerated, and in some cases they are so enlarged as to interfere with the delivery ; the parts should be frequently bathed with lead water, or a decoction of poppies and sugar of lead, or some other stimulating or astringent wash ; or fomenta-

tions may be used with advantage ; hops or camomile flowers answer a good purpose.

In some cases, the complaint assumes the form of general dropsy, or there may be a collection of fluid in the abdomen or chest, causing more or less interferance with the action of the heart and lungs, greatly increasing the distress and danger of the patient.

Milk in the Breasts.—As an indication of pregnancy, this is a sign of considerable importance, in most cases, yet it frequently exists under other conditions of the system. Dr. Montgomery mentions cases of this character. One was a girl of twenty years, whose breasts contained milk from the time she was sixteen years old, when menstruation commenced ; she still continued to be regular. Another case was that of a married lady, who, six months after marriage, observed her breasts enlarge, the nipples become more prominent, the dark circle around the nipples distinctly visible, and the breasts contained milk. She also had other symptoms of pregnancy, as morning sickness, the abdomen enlarged, and she thought that she could feel the motion of the child. The monthly flow was not so free as natural, but regular as to time. She was not pregnant. Baudelocque states that he saw a girl, only eight years old, who had a copious supply of milk in her breasts, caused, it is said, by an infant her mother was nursing, the girl allowing the child to nurse her. Belloc mentions a similar case ; that of a servant girl, who had an infant sleeping with

her, that was being weaned; to quiet the child, the girl gave it her breast, which in a short time induced a free supply of milk.

It sometimes happens, that a woman may have milk in her breasts for a number of years. Dr. Dewees relates an instance which came under his observation. The lady had been several years married, but never pregnant. She had been separated from her husband two years, and finding milk in her breasts, she mentioned the unusual circumstance to a female friend, who, thinking that it was an indication that the lady was pregnant, told it in confidence to her friend; thus it went from one to another, until, at last, the brother of the lady heard of it; he was greatly enraged, and charged his sister with incontinence; knowing herself to be innocent, she sent for Dr. Dewees to clear up the mystery, who, after an examination, declared the suspicion false; the lady was not pregnant; menstruation was suppressed, and she died a few months after of consumption.

A case of this description is related by Semple, in the *North of England Medical and Surgical Journal*, volume 1st, page 230. A woman, the mother of nine children, the youngest twelve years old, took the infant of her daughter-in-law, who died about two weeks after giving birth to the child; to quiet the child, which was very fretful, the woman gave it her nipple to suck; in a day or two, her breasts became painful, increased in size, and soon after, she found they contained milk in suffi-

cient quantity to satisfy the child, which she continued to nurse. Dr. Kennedy makes mention of a woman, who had milk in her breasts for forty-seven years after the birth of her first child, and during that time nursed six children of her own, and eight others. She menstruated while nursing, and when eighty-one years old, the breast still contained a moderate quantity of milk.

It is quite common to observe the breasts of female, and also of male children, distended with a milky secretion immediately after birth; and cases are occasionally met with of men, whose breasts secreted milk, bearing a close resemblance to that of females. Many, no doubt, have heard the story of the Indian, who on the death of his squaw in childbirth, acted as wet nurse for the little pappoose, and succeeded as well, apparently, as though fitted by nature for this office. Other cases are recorded and well authenticated too, of the male breasts secreting this fluid; it follows, therefore, that we should not be surprised to find the female breasts performing this function independent of pregnancy. With some women, the milk does not dry up after weaning the child. Dr. Montgomery states, that he has met with several instances of this kind, and refers to a patient that nursed her child for fifteen months, who retained the milk in her breasts in such quantity, for three years, that she was obliged to protect her dress from being wet with it, and for two years after they still contained a little. She menstruated regularly, but did not be-

come pregnant. The case of a Swedish lady, who had milk in her breasts for a number of years after weaning her child, is mentioned by Dubois; menstruation did not take place during the time; at length a slight show came on, soon after which, she became pregnant; after having weaned the second child, the same peculiarity was observed again. At the change of life, some women experience more or less enlargement of the breasts, with secretion of milk, which leads them to think that they have become pregnant.

SALIVATION.—During pregnancy, the salivary glands frequently become stimulated to an increased action; in some cases, the woman merely spits more than usual, at other times it becomes excessive in quantity, and of an acid, irritating quality, producing, in some cases, great prostration. It differs from salivation caused by mercury, in not producing that soreness of the gums, or peculiar odor, observed when that drug has been taken in sufficient quantity to affect the salivary glands, for which it has sometimes been mistaken.

"It almost always has an unpleasant taste, though not attended with an offensive smell; it keeps the stomach in a state of constant irritation, and not unfrequently provokes puking, especially if the saliva be tenacious, and requires an effort to discharge it. At night it is often very troublesome, interrupting sleep by the frequency of the necessity of emptying the mouth."*

* Dewees' Midwifery, page 115.

It usually commences about the third month, and ceases soon after quickening; in some cases, it continues all through the term. In mild cases, rinsing the mouth frequently with cold water, lime water, or camomile tea, will be sufficient, but when very abundant, more active treatment will be required; the bowels should be kept open with gentle laxatives, as the extract of butternut, rhubarb, or magnesia; chalk mixture, soda or charcoal do good in some cases; also a few drops of laudanum. A blister to the back of the neck, or leeches to the angle of the jaws; gargles of green tea, decoction of oak bark, alum, borax, or spirits of turpentine in a solution of gum arabic, or slippery elm bark, have been used, and frequently without much benefit, as the complaint often resists all treatment, yielding only to delivery; yet some cases are relieved by them, they are therefore worth trying.

Pain in the Side.—Pregnant women sometimes complain of a pain in the side, in the region of the lower ribs, caused by the enlarged womb. In some cases, the pain is confined to the right side, and proceeds from the liver, caused by the womb being turned to that side, and pressing on the liver. As the complaint does not usually commence until, the middle or latter part of the term, and is relieved by child-birth, it had better be left to nature unless the distress is very great; in which case, a mustard plaster may be applied to the seat of the pain, or a blister; leeches sometimes do good, also general bleeding. A broad bandage applied mod-

erately tight around the body, will sometimes give relief; also, frictions with camphorated oil and laudanum. Medicine to act on the liver will be indicated, particularly if the pain is more or less constant in the right side; by lying on the opposite side, the distress is often relieved. In some cases, however, it continues, in spite of treatment, until delivery.

JAUNDICE.—A yellowness of the skin is sometimes observed during pregnancy: when it occurs in the early part of the term, from sympathetic action, it usually passes off in a few weeks; but when it comes on during the latter part of pregnancy, it is generally caused by the enlarged womb pressing upon the liver, preventing the bile from escaping; being absorbed, it enters the circulation, and a portion of it passing off through the pores of the skin, produces the peculiar tinge called jaundice. It shows itself in the yellow color imparted to the eyes, in the perspiration, and in the urine, which is often reduced in quantity. The evacuations from the bowels are frequently of a pale, unnatural color. The patient complains of feeling dull, inactive and sleepy; and in some cases, of a soreness, on pressure, under the ribs on the right side. Jaundice usually passes off soon after delivery, producing little inconvenience, and without any special treatment being required, more than attention to the diet, exercise in the open air, and regulation of the bowels. In other cases, however, more active treatment will be required, as calomel or blue pill, in small doses,

frequently repeated; podophyllin and leptandrin; leeches, or blisters to the side; the nitro-muriatic acid solution applied to the region of the liver, and bathing the feet and legs in the same, will be found a valuable remedy; or the following, extract of dandelion two drachms, extract of bitter root two scruples, extract of golden seal one scruple, divide into twelve portions, one, three times a day. If the patient is of a plethoric or full habit, bleeding from the arm will be of service.

Discoloration of the Skin.—During pregnancy the skin is sometimes discolored by patches of a dark yellow or brownish hue; they are usually confined to the face, around the mouth, on the cheeks or forehead; sometimes they are also observed on the neck and other portions of the body; some females become very much disfigured by them. Delivery seems to be the only remedy for them, as they usually disappear soon after child-birth; with some women, they never disappear entirely; after a time, however, they become very faint, scarcely perceptible. When they depend upon a derangement of the digestive organs, independent of pregnancy, or a torpid, inactive condition of the liver, which is sometimes the case, by restoring the digestive function, and rousing up the liver to healthy action, the discoloration will usually disappear in a short time.

Toothache.—This is an early symptom of pregnancy with some women, depending upon that mysterious sympathy, between the womb and general nervous system, so often observed in the female

organism. The pain is not always confined to one particular tooth ; it often extends along the jaw or side of the face ; the patient being unable to tell which tooth it is that aches ; neither is the pain confined to decayed teeth, as it sometimes affects those that are perfectly sound, assuming, in some cases, a decided neuralgic character. Sometimes the essential oils do good, as oil of cloves, and others of this class ; also fomentations with hot herbs, holding some spirituous liquor in the mouth, as brandy, spirits of camphor, or laudanum ; creosote relieves some cases ; a blister to the back of the neck, or leeches to the gums, has been recommended ; but it often resists every remedy, disappearing spontaneously, in most cases, about the middle of the term. If a tooth is extracted, little benefit is derived, particulariy if a number of teeth are affected ; but when the pain is confined to one or two teeth, and they are decayed, relief is sometimes obtained by removing them. Dr. Burns objects to this course, as it is sometimes followed, he says, by abortion ; and Dr. Blundell is opposed to extracting, on the ground that the pain is neuralgic. When the pain is of this character, hartshorn, compound spirits of lavender, or the ammoniated tincture of valerian will be of service.

Palpitation of the Heart.—This distressing affection is frequently observed during pregnancy ; those who have been previously subject to it, also weakly, nervous women, are more liable to palpitation than others, and females of a full habit some-

times suffer from this malady. It may come on at any time, during pregnancy, from the slightest causes, or without any apparent cause ; making its attack, in some cases, a number of times through the day, or at night, soon after retiring to rest ; sometimes it comes on when the patient is asleep, from which she starts up in great distress ; at other times it comes on immediately after going up a flight of stairs, or when she is walking. If the patient is of a full habit, bleeding will be of service ; in cases where this is contra-indicated, anti-spasmodics, narcotics, and also tonics, will be required ; while the attack continues, the patient should have free access to pure air ; and a dose of hartshorn, spirits of lavender, tincture of valerian, sulphuric ether, or camphor should be given, and repeated as occasion may require ; and to prevent a return of the attack, some of the above remedies, or others of this class, may be continued ; opium, morphine or digitalis has a good effect, in some cases ; some preparation of iron, quinine, and other tonics, are sometimes indicated. A cloth wet with laudanum and spirits of camphor, applied over the region of the heart, will be of service in some cases ; or an anodyne plaster, or a mustard plaster, may be substituted for the cloth ; rubbing the spine with a stimulating liniment, is useful is some cases ; the diet should be light, unstimulating, and easy of digestion ; high seasoned food and spices should be avoided ; the state of the bowels require particular attention. Women are often troubled with a flut-

tering of the heart, and imagine that they are affected with some serious disease of that organ. It is a nervous affection, for which the ammoniated tincture of valerian, or pills of assafœtida, or some preparation of iron, will usually give relief.

FAINTING.—Some women are subject to a feeling of faintness, or actual fainting when pregnant, that are free from it at other times; it may come on at any time during pregnancy, but is more frequently met with during the early stages, or at the time of quickening. It sometimes attacks those that are in otherwise good health; but women of a weakly or nervous constitution, are the ones most subject to it, occurring, it may be, several times a day, or periodically, a number of days or weeks intervening. When the attack is complete, respiration is nearly suspended; the heart movements, and pulse at the wrist can scarcely be perceived, and in some cases, the circulation seems to be entirely suspended for a few minutes; the face is pale and bloodless, the lips blanched, a cold, clammy perspiration covers the surface of the body, the muscles are relaxed, with a loss of consciousness. This species of apparent death, is sometimes preceded by sickness of the stomach, ringing noise in the ears, dimness of sight, yawning, sighing, and great prostration of strength; as the vital functions are gradually resumed, the patient is often seized with vomiting; it seldom terminates fatally to the mother, but if the attacks are often repeated, and of long duration, death of the fœtus may result, fol-

lowed by abortion. When fainting occurs during child-birth, it is often a serious malady, putting the life of both mother and child in great jeopordy. Some women experience an attack of fainting from the vigorous motion of the child in utero; it is also caused by strong mental emotions, loss of sleep, over exertion, standing too long on the feet, the sight of unpleasant objects, the odor of certain plants, or cooked meats, or derangement of the stomach and bowels; it is frequently observed in females whose nervous system has been weakened by the whites, and other debilitating discharges, and also by the changes produced in the system by pregnancy. It is often associated with palpitation of the heart. During the attack, the treatment indicated does not differ materially from that recommended under the head of hysteria, and as fainting usually occurs in females, presenting peculiarities of constitution similar to those subject to attacks of hysteria, and is often induced by like causes; the remedies calculated to prevent a return of the paroxysm in the latter complaint, will be of service in the former. Tonics will, therefore, form an important part of the treatment, together with anti-spasmodics, strict attention to the diet, and regulation of the bowels.

Difficulty of Breathing.—Women are often troubled with a difficulty of breathing, at some period of pregnancy, and by some authors, it is divided into three varieties. The first, occurring during the first three or four months, is of a nervous character, and arises from a sympathetic action with the

impregnated womb, and produces little constitutional effect. The ammoniated tincture of valerian, spirits of lavender, camphor and hyoscyamus, and other remedies of this class, will usually relieve this form of the complaint; or, as pregnancy advances, it frequently disappears spontaneously. The second variety comes on about the fifth month, and is attended with considerable disturbance of the system; the patient complains of pain in the head, the face is flushed, the temples throb, the head is hot, with a feeling of heaviness and confusion of ideas; the patient is dull or drowsy, at times during the day, and at night, talks in her sleep, or starts up, as in a fright, and has frightful dreams. Those subject to this form of the complaint, are usually of a plethoric or full habit, and require bleeding to relieve the over distended vessels, and equalize the circulation; at the same time the bowels should be kept quite free by laxatives or active purgatives, which will be sufficient to relieve the distress in some cases, without bleeding; the diet should be unstimulating, and the patient should avoid spices, and high seasoned food. The third form of this complaint is due to the enlarged womb pushing up the diaphragm, thereby reducing the size of the chest and interfering with respiration, and consequently is observed towards the end of pregnancy. It is of more frequent occurrence in women with their first child than others, in consequence of the abdominal muscles offering a greater resistance to the enlargement of the womb, in

the first pregnancy, than is observed in subsequent ones. At first, the muscular tissue, in many cases, forces the womb to enlarge in an upward direction, but in repeated pregnancies, the muscles become weakened, and do not offer that resistance as at first; the womb therefore increases more in breadth, and less in length, which gives freedom to the respiratory movements. In treating the third variety of this complaint, bleeding may be of service, in some cases; the bowels should also be kept in a soluble condition, and the patient should be advised to take but little food at a time, to avoid distending the stomach as much as possible, which will be some relief; she can eat a little at a time and often, so as not to suffer in this respect. She should also assume a position that would afford her the the most relief; some are obliged to remain in nearly an upright position, supported with cushions, others find more relief on their knees and elbows. As this complaint comes on near the termination of pregnancy, in most cases, we must look to delivery for a cure; for more than a slight mitigation is seldom attained from any course that might be recommended; and in cases where the distress is very great, it may sometimes be advisable to hasten this event, by inducing premature delivery, the child being viable, which of course is to be expected, as the difficulty does not come on before this time. This form of difficulty of breathing, is also observed in females who have some malformation, or deformity of the pelvis; in which case, the propriety of

bringing on premature delivery should be earlier taken into consideration. Difficulty of breathing is sometimes caused by inhaling certain odors. In regard to this circumstance, Dr. Churchill remarks, as follows;—"A curious variety of the disease, depending upon this cause, has received the name of hay fever. This occurs during the summer, from the perfume of new hay. The patient may be quite free from the disease in town, but whenever she drives into the country, and inhales the rich odor of the newly mown grass, the dispnœa comes on, and is only relieved by removing to a distance from the cause."*

Cough.—Pregnant women are often afflicted with a very troublesome cough. In some cases, a little fluid is expectorated; more frequently, however, it is a dry, hacking cough. When it occurs during the early period of pregnancy, it is due to sympathetic action; in other cases, it does not come on until the womb has attained a considerable size; it is then caused, as in the previous complaint, by the enlarged womb pressing upon the vital organs within the chest, which produces an irritation; it usually ceases with delivery. In some cases, the cough comes on in such violent paroxysms that abortion takes place; it is, therefore, necessary to mitigate, as far as possible, the severity of the attack. Tincture of valerian, and other anti-spasmodics will sometimes be of service in that variety of cough arising from sympathetic action; also expec-

* Churchill on Diseases of Women, page 478.

torants and narcotics, as Dover powder, or hyoscyamus, hive syrup, or the following :—syrup of squills and syrup of senega, of each one ounce, tincture of sanguinaria and tincture of balsam of tolu, of each half an ounce ; mixed. *Dose*, half a tea-spoon, or a tea-spoonful, three or four times a day ; or a few drops may be taken frequently, as the cough is troublesome. A blister, mustard plaster, or a Burgundy pitch plaster, on the spine, between the shoulders, will sometimes be of service ; bleeding may be required where there is more or less constant headache ; cathartics, also, have a beneficial effect. When it occurs from the effect of pressure from the enlarged womb, bleeding is usually indicated more frequently than in the preceding variety, and the bowels should be kept open by saline aperients, and some of the above remedies may be resorted to ; also the following :—spirits of minderara, one ounce, spirits of nitre, half an ounce, tincture of digitalis, one drachm. *Dose*, one or two teaspoonsful, three or four times a day, in a little water. It is often the case, that nothing more than temporary relief can be accomplished by any course of treatment, as it frequently continues until childbirth, at which time it usually ceases.

Headache.—This troublesome malady is often observed during pregnancy, and may occur at any time during the term ; in some cases, it is of a nervous character, in others, it is evidently from over distension or engorgement of the blood-vessels. The nervous headache occurring in the early period

of pregnancy, is probably due to sympathetic action, and usually passes off as pregnancy advances. Sometimes it is periodic in its character, coming on at certain times every day, or every one or two days, and ceasing after a few hours. In such cases, tonics are indicated, as the bitter infusions, tincture of Peruvian bark, quinine and iron. The nervous headache will be relieved, usually, by tincture of valerian, spirits of lavender, camphor and the like; opium, laudanum, morphine or hyoscyamus may be required in some cases. When associated with constipation, opening medicines will be of service.

The other variety of headache to which pregnant women are sometimes subject, occurs about the middle or latter part of the term, and is caused, principally, by the pressure of the womb on the blood-vessels within the cavity of the abdomen, which prevents a free circulation from the upper to the lower extremities; the vessels of the upper portion of the body are thus over loaded or congested, which is manifested by a greater fullness of the vessels of the face and head, throbbing of the the temples, flushings of the face, pain in the head, sometimes confined to one particular spot, as in the top or back part of the head, over one eye, or through the temples. In some cases, the patient complains of dizziness, ringing in the ears, and if she stoops to pick up a pin from the floor, as soon as she rises to the erect posture again, every thing turns dark to her, a kind of film or mist coming before the eyes. The tongue is often foul, with a

bad, bitterish taste in the mouth, particularly in the morning; appetite variable, bowels irreuglar, pulse quick and strong, the eyes more or less affected with light and feel sore when moved around in the sockets. "Headache," says Dr. Burns, "is a very alarming symptom, when it is severe, constant, and accompanied with symptoms of plethora. If the eye be dull or suffused, and the head giddy, especially when the patient stoops or lies down, with a sense of heaviness over the eyes or within the skull, great danger is to be apprehended, particularly if she be far advanced in her pregnancy. This is still more the case, if she complain of ringing in the ears, and see flashes of fire, or have indistinct vision. I am pretty well satisfied, that, in most cases, although the head be pained, yet the spinal cord is the part originally diseased, and the head only suffers in a secondary way. In some instances, there is a fixed pain in one part of the back, along with, or preceding the affection of the head."*

The treatment consists in relieving the over distended vessels, by bleeding from the arm, leeches to the temples, cold application on the head, and purgatives; the bowels having been opened by an active cathartic, they should be kept a little loose by saline aperients. A blister to the back of the neck or friction along the spine, is of service in some cases; stimulating food or drinks should be avoided, and exercise in the open air recommended. Females

*Burn's Midwifery, page 185.

of all ages and conditions in life, are frequently subject to headache, whether pregnant or not, attended, in many cases, with faintness, nausea, and vomiting. This form is commonly called sick headache, and commences in the morning more frequently than at any other time ; the pain, in many cases, shifting about from one part of the head to another. Persons subject to sick headache are frequently more or less dyspeptic, and in many cases, the bowels are constipated, and the liver in a torpid condition. The remedies recommended for nervous headache, will sometimes do good in this form of the complaint, also mint tea, or a few drops of the essence of pepperment and water ; one or two drops of creosote in a table-spoonful of sweetened water ; or chloroform, three or four drops in a little water or flax seed tea ; it should be mixed with the water by shaking or stirring just before being taken, as the chloroform soon settles by standing. In some cases of sick headache, seidlitz powders give great relief, also the chalk mixture, magnesia, ammonia, carbonate of soda, or eight or ten drops of liquor potassa, in a wine glass of water three or four times a day. Subnitrate of bismuth five or six grains, made into pill, with extract of gentian or dandelion, three or four times a day, produces favorable results in some cases ; also camomile flowers, columbo, tincture of Peruvian bark, and others of this class. To act on the liver, small doses of calomel, blue pill, podophyllin and leptandrin, extract of dandelion or a tea made by steeping the roots of the plant in

water. In some cases acids do good, as one or two tea-spoonsful of vinegar in a wine glass of water; ten or twelve drops of elixir of vitriol, or four or five drops of nitro muriatic acid, in a wine glass of water three or four times a day. Particular attention should be paid to the bowels; a costive habit should be corrected by dieting, or gentle laxatives.

CHAPTER XXIV.

DURATION OF PREGNANCY.

The time when women are the most liable to become pregnant, is subject to no definite rule, as some most readily conceive immediately after the monthly period ceases, and others just before it commences, or at any time during the intermission; and it has been known to occur from intercourse during the flow. The general opinion seems to be, that in most cases, conception is more likely to occur a few days after the show ceases, than at any other time, and acting on this opinion, women sometimes refrain from sexual intercourse during the first twelve or fourteen days after menstruating, for the purpose of preventing pregnancy; but it is evident such a course would seldom succeed as anticipated, for, by calculating back from the commencement of labor to the time of conception, allowing the usual number of days for the period of

gestation, in a large number of cases we shall find that impregnation is just about as likely to occur one time between the periods as another. If there is any time more favorable than another for pregnancy to take place, it is just before or immediately after the show commences or ceases.

After conception has occurred, women usually fall in labor at the expiration of forty weeks, or two hundred and eighty days; ten lunar months, or nine calender months and one week. It is usual for women when calculating the time of their confinement, to date from a fortnight after the last appearance of menstruation; also from the time of quickening; some date from the time the show ought to come on, and in occasional instances, the woman calculates from sensations experienced at the time of intercourse, which they never have only when they conceive. Dr. Merriman says, "when I have been requested to calculate the time at which the accession of labor might be expected, I have been very exact in ascertaining the last day on which any appearance of the catamenia was distinguishable, and having reckoned forty weeks from this day, assuming that the two hundred and eightieth day from the last period was to be considered as the legitimate day of parturition."

Although the common mode of calculating the duration of pregnancy is often correct, it is also frequently wrong, and this is no more than could be expected in a matter where there is seldom any means of obtaining correct data to start from; but

when conception takes place from a single coitus, the duration of pregnancy can be calculated with certainty. Montgomery and others relate cases of this description, where the husband having been absent for a length of time, returns on a certain day and takes his departure on the next, pregnancy happening from this short visit. Some women conceive that do not menstruate, and even after they have ceased to menstruate for a year or two ; and others, again, irregular in their periods, become pregnant. Such cases render the date of conception very obscure, and the same may be said in regard to quickening ; with many women this takes place at or near the fourth month. Dr. Montgomery states, according to his experience, quickening occurs from the twelfth to the sixteenth week, or between the fourteenth and eighteenth week after the last menstrual period. But the period of quickening is liable to great variation ; cases are mentioned by the author just referred to, and others, where it has occurred about the tenth week, and in other cases not till the sixth or seventh month, and some women may not feel the motion of the child during the whole term, yet it may be born alive and vigorous. Cases frequently occur, where the woman believes herself pregnant, and feels what she considers the motion of the child when she was not pregnant.

"A mistake of this kind," says Dr. Montgomery, "is seriously interwoven with the history of England, as having occurred in the person of Queen

Mary, who was so certain of having felt the child stir in her womb, that dispatches were sent to inform foreign courts of the joyful event; but it turned out to be only the effects of bad health, and the commencement of a dropsy; which disappointment, conjoined with other annoyances of a domestic nature, so irritated the queen, that she totally lost her temper, and was guilty of some disgraceful acts of unjustifiable severity."

Hume says, "Her infant proved only the commencement of a dropsy, which the disordered state of her health had brought on."*

A woman, laboring under such a delusion, is often very tenacious of her opinion, and should she apply to a physician in the matter, he would get little credit for his sagacity, should he give a contrary opinion; and in some cases, little credit would be due him, for he, too, is liable to be led into error by some condition of the system, which simulates pregnancy, and particularly in those occasional cases, where, from the movement of wind in the bowels, or peculiar contractions of the abdominal muscles, the movements of the child are very closely simulated.

Dr. Dewees mentions the case of a young lady, who had symptoms of pregnancy, and while examining the abdomen, he thought he could feel the motions of the child. She was not pregnant, but the womb was enlarged from an accumulation of menstrual fluid; similar cases are related by Mont-

* Hume's History of England, chapter 36.

gomery, and others. Sometimes the physician is led into error by the wilful deception of the female herself; as some have been known to possess the power of enlarging the abdomen at will, in such a way, as to resemble the impregnated womb, if examined externally, and also of contracting the abdominal muscles, so as to resemble the motions of the child. Dr. Blundell mentions a case of this description, and Dr. Reece relates the same in regard to the virgin prophetess, Johanna Southcott, who, at the age of sixty-four, pretended she was impregnated by spiritual agency. This wily impostor could imitate the motions of the child with such precision, and having an enlargement of the abdomen, a number of physicians who examined her, really believed she was pregnant. Death put an end to her imposition, and the examination which followed, revealed the fact, that she had not been pregnant; but no tumor could be found that had been previously supposed to exist. It occasionally happens, that the motions of the child cease to be perceptible, after having been distinctly felt for a time. This suspension may last for a month, and again take place; or it may continue during the rest of the term, and the woman be finally delivered of a living child, in no way affected by the suspension; cases of this kind are mentioned by Dr. Montgomery, and others. As previously stated, the usual duration of pregnancy is two hundred and eighty days, yet it is sometimes protracted beyond this period.

Dr. Wm. Hunter says, "The usual period is nine calendar months, but there is, very commonly, a difference of one, two or three weeks. I have known a woman bear a living child in a perfectly natural way, fourteen days later than nine calendar months, and believe two women to have been delivered of a child alive, in a natural way, above ten calendar months from the hour of conception;" and Dr. Dewees mentions the case of a lady, "who was not delivered for full ten months after her husband's departure for Europe; yet so well, and so justly too, did this lady stand in public estimation, that there did not attach the slightest suspicion of a sinister cause."

Dr. Burns says "how long it is possible for labor to be delayed beyond the usual time cannot easily be ascertained; but it is very seldom protracted beyond a few days, counting the commencement of pregnancy from the day preceding that on which the menses ought to have appeared, had the woman not conceived. The longest term I have met with, is ten calender months and ten days, dated from the last menstruation."*

In this case, the regular menstrual period was five weeks.

The decision in the Gardner Peerage case, that excited so much interest in England, was not against the legitimacy of the contestant, who was born three hundred and twelve days after the departure of Lord Gardner, but, as Dr. Montgomery says,

*Burns' Midwifery, page 143.

" It was the adultery of the mother, and the concealment of the birth from the husband, which justified the House in refusing the petition of the counter-claimant. If the only point in the case, had been that he was not the son of Lord Gardner, because it was impossible his mother could have gone forty-four weeks with him, the House of Lords could not have declared him illegitimate, and when Lord Eldon said he should give his opinion 'without entering into the question of the ultimum tempus parienda,' it is perfectly clear he did so for the purpose of guarding against the decision being ever taken as a precedent, that a gestation protracted four weeks beyond the usual time, should be a ground for bastardizing a child."*

A case of protracted gestation is reported by Dr. Atlee, of Philadelphia, and referred to by Dr. Tucker, in his work on midwifery. The defendant was indicted for fornication and bastardy, and the case was tried in the Lancaster Quarter Sessions, Pa. The complainant swore that the child was begotten on the twenty-third of March, 1845, and born on the thirtieth of January 1846, making the period of pregnancy three hundred and thirteen days. The jury found the defendant guilty.

Dr. Dewees states "that in at least four females that I have attended, each of these women went one month longer than the calculations made, from an allowance of ten or twelve days after the cessa-

*Montgomery on the signs and symptoms of Pregnancy, page 449.

tion of the last menstrual period, and from the quickening, which was fixed at four months."

It is evident, from the above cases, and others referred to by several distinguished authors, that the usual period of pregnancy is occasionally protracted beyond the common term by several days; on the other hand, the common period may be abridged by the birth of a child, vigorous and lively, long before the natural term has been completed. The process of development being retarded, as in the case of protracted gestation, or abridged when the child is born, apparently fully developed, before full term.

VIABILITY.—The period at which a child, if born, is capable of maintaining a separate existence, independent of the mother, is called viability. With most authors, a child is not considered viable until it has nearly or quite completed seven months of uterine life; yet cases are mentioned by several distinguished authors, of children born before the seventh month, that survived, and ultimately did well.

Dr. Wm. Hunter says, "a child may be born alive, at any time after three months; but we see none born with powers of living to manhood, or of being reared, before seven calender months, or near that time. At six it cannot be." And Dr. Montgomery says, "In the former edition of this book, I stated my belief, that the condition of viability was not acquired until seven months of intra-uterine existance were completed; my experience, at that

time, not having furnished me with any earlier instance under my own observation, and of the particulars of which I had perfectly accurate knowledge; but very soon afterwards, a case occurred to me, which afforded unquestionable proof that a child, born after six months and eighteen days of utero gestation, may survive."*

Dr. Rodman mentions the case of a woman, the mother of several children, who brought forth a child that was supposed had not exceeded nineteen weeks; it lived one year and nine moths, and when three weeks old, weighed one pound and thirteen ounces, and measured thirteen inches. Dr. Montgomery, who refers to the case, thinks the mother was mistaken in regard to the period of pregnancy at which the birth occurred, as the size of the child corresponded to a period of between six and seven months. Several instances are recorded of children born before the sixth month, which were finally reared, after much care and trouble, they being in such a feeble condition that it was necessary to wrap them in cotton, or other soft material, and keep them warm by artificial heat; and this course is sometimes required with seven months children; but these reputed cases of premature births before the sixth month, even if stated in good faith, do not controvert the general opinion, that viability does not commence until the seventh month, or near that time, for the simple reason, that it is a difficult question to decide, very often, when pregnancy commen-

*Montgomery on Pregnancy, page 415.

ces ; and also the great liability to be led into error, if the opinion is formed from the development of the child. If all children attained a certain develop ment alike, at a certain time, the question could be decided without a peradventure, but we know this is not the case, as we frequently see a fœtus of seven months, resemble in its development one of six or even five months. Some women are delivered one or two months before full term in every pregnancy. Dr. Dewees states that he has known several instances of this kind ; in one case, it occurred regularly at the seventh month ; in two others at the eighth month ; and Dr. Montgomery says that a member of his family " never passed the end of the eighth month, in three successive pregnancies ; and a patient of his, who has borne five children, never went beyond seven months and a half, generally only seven, and in one instance, gave birth to a viable child at very little more than six months and a half ; but such cases cannot be looked on as instances of gestation completed, but of premature labor, from some peculiarity of the system, or indisposition in the uterus to enlarge beyond a certain size ; nor is it contended or asserted by those writers who have recorded such cases, that the children had acquired their full growth ; in the instances occurring under my own observation, they certainly had not ; but under such circumstances, we should be extremely cautious in pronouncing an opinion on the uterine age of the child ; particularly, when the period of gestation may

have advanced to within a month of its expected termination ; in which case, it might be impossible for us, with all our care, and all our knowledge, to draw the distinction between a child of eight months and one of full maturity."*

Sexual Enjoyment.—The opinion was pretty generally entertained at one time, that pregnancy could not occur unless the female experienced sexual enjoyment during the act, and this belief is entertained by some at the present day ; but there is abundant evidence to prove that this is not the case, as women frequently become pregnant, that never have the slightest enjoyment from intercourse, but, on the contrary, the act is constantly painful or disagreeable to them.

In relation to this subject, Dr. Montgomery says, " There is an opinion very generally entertained in society, and which very often meets us in practice, that a woman who has no sexual feeling, is necessarily barren ; now, this is quite untrue ; I have met with several instances of women, who were utterly without sexual sensibility, and yet became pregnant several times. Some years ago, I was consulted about his wife, by a gentlemen, who was greatly dissatisfied because the lady, who was young and very pretty, was entirely devoid of sexual feeling. She afterwards told me herself, that as far as sensation was concerned, she was not even conscious of the act of intercourse ; she has since had four children. Another lady, who had a very long and other-

* Montgomery on Pregnancy, page 422.

wise bad first labor, told me she knew the cause to be the dead condition of her womb ; which she explained, by informing me that it was totally without sensation. About three years ago, I was consulted by a lady, who had been some months married, without conceiving ; which circumstance caused her husband great annoyance, and was, I believe, a subject of much domestic unhappiness ; she told me that she feared it never could be otherwise, as she was not only totally destitute of desires, but of all sensation from intercourse. In this month, February, 1854, she again consulted me, and told me that she had borne a living child, and miscarried twice since her former visit to me, and supposed herself again pregnant, but assured me that the same total apathy continued, just as before."*

That cases of this description are exceptions to the rule, there is no doubt, from the arrangement and structure of the organs ; besides, it is a law of Divine origin, to multiply and replenish the earth, and as a further inducement for the more faithful observance of this mandate, the Creator has wisely implanted certain desires, the gratification of which being attended with sensations peculiar to the organs concerned, the law of our being is the more readily complied with, than it would be, were the act of sexual union a matter of indifference to both parties ; and if it is right for the male, it is also right for the female to participate in the enjoyment.

Pregnancy may also occur when the female is in-

* Montgomery on Pregnancy, page 298.

sensible from drugs or strong drink, during a fit of hysteria, while she has fainted from fright or fear, and during sleep. In this connexion, Dr. Gooch makes the following remarks :—"It is not necessary that the woman should be sensible at the time of impregnation, or that she should have pleasurable sensations, for some women never have, yet are very susceptible of impregnation. A maid at an inn, who was always thought to be virtuous, and bore a good character, began to enlarge in a way which excited suspicions of pregnancy; she solemnly declared that she never had connection with any man. At length she was delivered, and was afterwards brought before a magistrate, to swear to the father; but she repeated her former declaration. Not long afterwards, a post-boy related the following circumstance :—that one night he came late to his inn, put his horses into the stable, and went into the house, and found all gone to bed except this girl, who was lying asleep on the hearthrug, and without waking her, he contrived to gratify his desires. This shows that impregnation may take place without the knowledge of the female, or any excitation of sexual passion."*

Dr. Montgomery mentions similar cases, and Capuron says :—"It is a fact, which experience has more than once confirmed, that a woman may become with child while in a state of hysteria, under the influence of narcotics, during asphyxia, drunkenness, or deep sleep, and consequently without be-

*Gooch's Midwifery, page 85.

ing conscious of it, or sharing in the enjoyment of the man who dishonors her."

From numerous instances of a similar nature, related by accurate and reliable observers, the fact is established beyond question, that under certain circumstances, a female may become pregnant without her knowledge.

Delivery during Sleep.—There is, no doubt, a great difference in the amount of suffering experienced by different women during child-birth, but that a woman could be delivered of a full grown child during ordinary sleep, seems impossible ; yet however much it may be out of the usual course, cases are recorded, which are perfectly reliable, where it has occurred, even with the first child, which would seem less probable than where the female had been previously delivered of children. Dr. Montgomery states that he attended a lady, not twenty years of age in her first confinement ; the labor was of about six hours duration ; a few minutes before the birth of the child, she fell into a deep sleep, from which she did not awake until after the delivery had occurred, the cord divided, and the child placed in the lap of the nurse at the other end of the room. The author, just referred to, mentions a similar case, related by Dr. Douglas ; in this case, the mother was awakened by her daughter, a girl of five years, who had been sleeping with her for several nights. The little girl feeling the movements, and hearing the cries of the infant in the bed with her, aroused her mother, who found

that she had been delivered of a child without her knowledge. In the London Practice of Midwifery, it is stated, that "a lady of great respectability the wife of a peer of the realm, was actually delivered once in her sleep. She immediately awaked her husband, being a little alarmed at finding one more in the bed than was before."

Delivery has been known to occur without pain, the woman being awake and conscious during the whole process. A lady in her first pregnancy, was delivered of twins, weighing respectively three and a half and four pounds, who declared that she did not suffer any pain. In this case, no narcotic or other drug had been administered to counteract pain. Dr. Montgomery mentions a patient of his, who was delivered of eight children at different times, without ever having labor pains. For delivery to take place during ordinary sleep, or without pain when awake, the parts concerned in parturition must be very much relaxed, or more easily dilated than is usually met with.

CHAPTER XXV.

ABORTION, OR MISCARRIAGE.

When the product of conception is expelled before it has arrived at the period of viability, it is called a miscarriage, or abortion; after this period, premature labor. Abortion may occur at any period of pregnancy, but the greatest number takes place about the third month. The earlier it occcurs the less danger to the mother, and the longer it is postponed, the less danger to the fœtus. It is a common opinion, that a miscarriage is attended with more serious consequences than delivery at full term, but so far as the abortion is concerned, this is not the case, particularly if it occurs during the first two or three months of pregnancy, and the woman takes proper care of herself; but a great many females regard it as a matter of little consequence, and in a day or two after the abortion, get up and attend to their duties as though nothing had happened; the consequence is, they are often attacked in a few days with alarming symptoms, which frequently results in a long period of ill health, if not serious disease of the reproductive organs. Although not usually a serious affair, with judicious management, yet, abortion is an accident always to be deprecated and guarded against with the utmost care.

CAUSES.—The causes of abortion are many, and often very obscure; they are divided usually into two classes; the first have reference to the mother, the second to the fœtus; but it is often difficult, if not impossible, to discriminate between the two, and in some cases abortion occurs without our being able to discover any satisfactory cause. An irritable condition of the womb is generally admitted to be a prolific cause of abortion, and operates in this way; the presence in the womb of the product of conception, increases the irritability of the organ; contractions are induced, and the ovum is expelled. A similar process is often observed in irritability of the bladder; the presence of only a small quantity of urine in the bladder increases the irritability which compels the woman to pass water often.

Abortion occurs in all conditions of life, but more frequently in the two extremes, being sometimes induced by a luxurious mode of living, and by want of proper nourishment and exposure to hardships. A female is more liable to abortion at a certain time in the month, corresponding to the period that menstruation would have occurred had it not been prevented by impregnation, and there is no doubt the product of conception is often lost, particularly at the next menstrual period, and the woman not be aware of the occurrence; being so small, it would easily escape detection, and the symptoms would present little or no difference from a profuse flow of the courses. This supposition is the more

probable, from the fact, that women subject to menstrual derangements are very liable to abortion. Although all females are subject to this accident, some seem to be more predisposed to it than others, particularly those of a nervous, excitable temperament, which renders them more susceptible to certain influences or mental emotions, and those of a full plethoric habit, particularly if there is too great a determination of blood to the uterine organs.

The different diseases of the reproductive organs, also, induce abortion, as leucorrhœa, misplacements of the womb, congestion, inflammation, ulceration, tumors and other abnormal conditions of the womb and ovaries. Among the causes may also be enumerated, jumping, horse-back riding, lifting heavy weights, being too much on the feet, any violent exercise, or over exertion, reaching after some article in a high position, coughing, straining at stool, in dysentry or constipated condition of the bowels. Some medicines have been known to produce abortion, as active cathartics, particularly those acting principally on the lower bowels, as aloes and others of this class, also tansy, savin, penny-royal, madder, the bark of the cotton-plant root, and others, possessing similar properties. Although abortion sometimes results from the administration of some of these medicines, yet it is, by no means, certain to follow; still they should not be given without due regard to the condition of the female. Certain complaints induce abortion, as syphilis, small-pox,

typhus and scarlet fever, and others; also general debility, or weakness of the uterine organs. Falls, blows, and other external injuries cause abortion; also violent emotions of the mind, as fear, grief, anger, good or bad news, and the like. Some women acquire a habit of aborting; when this is the case, it usually occurs about such a period each time; in such cases, the female should pay strict attention to the stomach and bowels, avoid stimulating articles of diet and all excitements, and observe the recumbent posture for a few days before and after the expected time.

From some of the causes just mentioned, or from some unknown cause, the vitality of the ovum is destroyed, or its development arrested, resulting in a premature expulsion from the womb; this generally occurs in a few hours or a few days after the action of the cause; in other cases, it may be retained in the womb for months, and in some rare instances, for years. Sometimes the ovum is expelled in a perfectly healthy condition; at other times, it exhibits unmistakeable evidence of disease. It may be expelled entire, in small portions at a time, or gradually decompose, and come away as a more or less offensive discharge, occupying many days or weeks. In some cases, vitality ceases at an early period, and at full term, the woman is delivered of a blighted ovum; or it may assume the form of a false conception, mole or hydatids, which are usually expelled at, or before, the regular time of delivery; sometimes they are retained much longer.

Cases are recorded by Ambrose Paré, Velpeau, and others, where these abnormal products of conception have been retained in the womb many years.

Sometimes in a twin pregnancy, one ovum dies, and is expelled, without interrupting the process of development of the other, and in due time, the woman is delivered of a healthy, full grown child; or the dead ovum may be retained, and expelled with a living child at term. It is evident that a certain effect must depend upon a cause; it is, therefore, quite natural, in a case of abortion, to assign some cause for the accident; but in many cases, the cause assigned is what all women are exposed to, more or less; and were many of these causes to exert the same effect upon all pregnant women alike, few deliveries would occur at full term. It has been previously stated, that abortion generally occurs at a time previously observed as a monthly period; to this periodical influence, all women are exposed, yet all do not abort. We are, therefore, led to believe, that in the great majority of abortions, there must be some abnormal condition of the reproductive organs, which is really the predisposing cause; and many of the so called causes, if exerting any influence at all, are merely incidental, at most, and not sufficient in themselves, to produce the effect.

Symptoms.—The symptoms of abortion are modified somewhat, by the period of pregnancy at which it occurs, by the general health, or peculiarity of constitution of the patient, and the cause producing

it. During the first two or three months, the ovum sometimes escapes from the womb with little pain, and but slight hemorhage ; at a later period, the abortion resembles very much a labor at full term ; and in some cases, a woman will suffer as much, or more, at two or three months, as at delivery with a full grown child. At an early stage, the ovum is sometimes expelled entire, in the form of a bag, varying in size according to the period of pregnancy ; more frequently, however, the fœtus is first expelled, and in a few hours, or a day or two, the other portions are detached from the womb, and pass out in one mass, or in fragments ; or the entire ovum, or portions of it, may be retained, until it is decomposed ; when this is the case, there is a more or less disagreeable discharge, which continues for a number of days.

If the pregnancy has advanced to the period of quickening, the first indication of a miscarriage may be a cessation of the movements of the child, the breasts become flaccid, the abdomen relaxes, and the woman complains of a cold, heavy weight and bearing down sensation in the pelvis, with occasional chills.

Before the abortion takes place, there is generally more or less discharge of a bloody fluid, or it may be, of pure blood ; this may continue for a day or two, or longer, in some cases, before pains come on, and the ovum is expelled ; at other times, the patient complains of lassitude, pain in the lower part of the back and limbs, headache, pain and soreness in the

lower part of the abdomen, nausea, and vomiting, fainting, chills and flashes of heat, a frequent desire to pass water, and go to stool; thirst and other symptoms of fever; coldness of the extremities, a sensation of weight in the pelvis, and pain extending to the groins and thighs; after some of these symptoms have continued a longer or shorter period, labor pains come on, and the fœtus is expelled. The hemorrhage usually ceases as soon as the ovum is expelled; but when the after-birth is retained, or only a small portion of it, or the membranes, the hemorrhage may be very profuse, until the whole product of conception comes away; after which there is a discharge for several days, as after delivery at full term, with the secretion of milk in the breasts in such quantities as to cause considerable difficulty sometimes, when the abortion has occurred at three or three and a half months.

In some cases, there may be a discharge of blood for a number of days, and in rare cases of water, yet the woman has been known to complete the full term of pregnancy, and be delivered of a healthy, full grown child. The after-birth does not always come away immediately after the fœtus is expelled; it may be retained in the womb for months without causing any unfavorable symptoms; more frequently, however, it is expelled in the course of a day or two, during which time, the patient is subject to hemorrhage to a greater or less extent. In other cases, it is retained three or four days or a week, and finally expelled in a pu-

trid condition ; or it may remain in the womb until it has become entirely decomposed ; in either case, it is sometimes attended with a disagreeable discharge for several days, or the putrid mass remaining in the womb, may cause puerperal fever of a serious character, and in some cases, fatal termination.

Inflammation is a frequent result of abortion, which may terminate fatally, or result in chronic inflammation of the womb or ovaries. "Lastly, very alarming hemorrhage may precede or accompany abortion. I cannot say that I ever met with a case in which it proved fatal, though I have seen life reduced to the lowest ebb."*

Treatment.—"In the treatment of a case where expulsion is threatened, our object will be either to stop that process in time to save the life of the fœtus, or if this cannot be attained, to carry it through in such a manner as to expose the mother to as little danger as possible."†

To meet the first indication, the patient should observe the recumbent posture, on a hard bed, all unnecessary covering removed, and perfect rest enjoined, free from all excitements ; the diet light and easy of digestion, and hot drinks avoided ; the bowels should be moved by saline aperients, cold wet cloths applied to the lower part of the bowels and external organs ; injections of cold water, and a full dose of opium or laudanum admin-

*Churchill's Midwifery, page 183. †Rigby's Midwifery, page 133.

istered, from time to time, until the system comes under its influence ; in cases where this drug is not borne well by the stomach, a tea-spoonful of laudanum in half a tea-cupful of cold water may be injected up the rectum. If the patient is in a condition to bear loss of blood, bleeding from the arm will be of service ; also the following mixture, spirits of mndierera one ounce, spirits of nitre half an ounce, tincture of digitallis two drachms, dose, a teaspoonful in a wine glass of water three or four hours apart. The tincture of Indian hemp is recommended by Dr. Churchill, in five to ten drop doses, three times a day. If the female is weak and feeble, a more generous diet may be indulged in, and tonics recommended. A considerable loss of blood does not always preclude the possibility of saving the fœtus, as women sometimes complete the term of gestation, and are delivered of a healthy, full grown child, that have been attacked during the early period of pregnancy by active symptoms of abortion, with a free discharge of blood for a number of days. As a general rule, however, if there is much hemorrhage, and particularly if it is attended with uterine contractions there is little hope of preventing a premature expulsion of the ovum. If, then, there is sufficient evidence that the abortion cannot be prevented, our next object should be to conduct it to a sucessful issue, by assisting the uterus to evacuate its contents with as little danger or inconvenience to the mother as possible. In many cases, little treat-

ment is required, if the patient remains quiet; at other times, an abortion of two months only, is attended with violent pain and hemorrhage, fever, and inflammation of a serious character, requiring active and energetic treatment.

When it is necessary to assist the process of abortion, the ergot of rye is frequently resorted to, and sometimes borax is used for the same purpose; sitting in hot water, or sitting over the steam from hot herbs will often assist in a premature expulsion of the ovum, and in some cases, a brisk cathartic will have this effect. After the whole product of conception has come away, the patient should keep quiet for a week or two; even after an abortion at the second month, rest, in the recumbent posture, is of the utmost importance. The diet should be light, unstimulating, and easy of digestion; the bowels kept open by gentle aperients, and if she complains of much pain and soreness of the bowels, apply hot fomentations, leeches, a mustard plaster, or a blister; if fever supervene, apply cold to the head, and give more active cathartics, opium in some form, Dover powder and camphor, or calomel, twenty grains, Dover powder, thirty grains, camphor, fifteen grains; make six powders, one every four or six hours; also spirits of minderera, and spirits of nitre; sitting in hot water, and soaking the feet in hot water, is often of service, particularly if the discharge is less in quantity than what it should be. Bleeding from the arm may be required in some cases, and leeches

to the temples, if there is too much determination of blood to the head; chills are often a troublesome symptom; except a cup of hot penny-royal tea, or some other hot drink, they require no special treatment, as they will cease as soon as the ovum is expelled, or before. Serious hemorrhage may occur before the ovum is expelled; this can sometimes be restrained by opium, alum, sugar of lead, and other astringents; acid mixture, cold external applications, or cold water injections; if these remedies fail, plugging the vagina will check it; but there will be little hope of saving the fœtus if the plug is resorted to; it should, therefore, be used only in extreme cases, unless there was evidence that vitality of the ovum had been already destroyed. For plugging the vagina, different articles are used; Dr. Dewees recommends a piece of sponge, Dr. Churchill prefers a silk handkerchief or tow; cotton wool may be used with equal success, or a piece of alum as large as can be conveniently introduced; this should be egg shaped, and previously made smooth, and have a string attached to it, that it may be the more easily removed. If cotton wool is used, or other articles of this kind, it should be first wet in alum water, or some other astringent liquid, and then introduced, portions at a time, until the passage is completely filled. After ten or twelve hours the plug may be removed, and the mouth of the womb examined with the finger; if the ovum cannot be removed, and the hemorhage continue, the passage may again be filled as before, and the ergot

or borax administered to bring on efficient contractions of the womb. Sometimes the plug is expelled, along with the ovum, from the force of the uterine contractions.

In case the fœtus is expelled, and the after-birth remains in the womb, beyond the reach of the finger, it may sometimes be removed by instruments made for this purpose. Dr. Dewees makes use of a wire, bent at one end like a hook, with which the after-birth and membranes, can in some cases, be removed; rotating the instrument, and twisting the membranes into a kind of rope, assists in their removal. Abortion forceps are also used for the same purpose. Some introduce the hand into the vagina, and one or two fingers into the womb, and by using the end of the finger as a hook, the retained portion can sometimes be removed. Although it is of great importance that the whole product of conception should be removed, yet too much interference should be carefully avoided, as greater evils may arise than if left to nature and judicious treatment. If there is no serious hemorrhage, sitting in hot water, or sitting over the steam from hot herbs, also hot fomentations to the bowels, will be of service; injecting a stream of warm water, and immediately after, a stream of cold water, into the womb, will sometimes assist in expelling the retained after-birth. If there is serious flooding, a piece of ice may be introduced into the vagina; cold astringent injections used, or the plug previously mentioned; opium in some form should be given, or some other nar-

cotic ; also ergot of rye, sugar of lead, in doses of two or three grains, every three or four hours, until some effect is produced ; alum, and other astringents, together with external cold applications, or cold water injections up the rectum.

In some cases, where there has been a great loss of blood before the plug has been resorted to, the patient becomes faint, the face pale, lips blanched, the voice scarcely audible, the pulse hardly perceptible, nausea and vomiting supervene, and the extremities are cold ; under such circumstances, if a reaction is not induced, the patient may sink past recovery. Stimulants and anti-spasmodics are now indicated, such as hartshorn, valerian, camphor and brandy ; warmth should be applied to the feet, and a mustard plaster across the stomach, to allay the nausea and vomiting ; if she has fainted, apply cold water to the face, and hartshorn to the nostrils. As a stimulant, bay rum will be found more grateful to the stomach, than brandy, or any other liquor, besides, it is somewhat astringent. In some cases, after the fœtus has come away, and clots of blood of considerabie size have been expelled, the patient, mistaking a blood clot for the after-birth, may think the abortion completed; being free from hemorrhage, and feeling able to be about, she gets up and attends to her duties ; but in the course of a few days, or two or three weeks, it may be, hemorrhage comes on, with labor pains, and the after-birth is expelled, in some cases in a perfect condition ; more frequently, however, when the after-birth is retained longer

than one or two days, decomposition commences, after which, it may come away at any moment; in some cases it remains a number of days and produces serious and sometimes fatal results. The discharge, which is sometimes of very bad odor, should be washed away by injecting warm water into the womb three or four times a day, or a solution of chloride of lime, and hot fomentations applied to the bowels. Epsom salts or some other saline laxatives, should be administered from time to time, to keep the bowels freely open. In some cases, the discharge continues two or three weeks, or even longer, during which time the general health may become seriously affected, requiring bark and wine and other tonics. Sometimes the retained after-birth is gradually absorbed, without causing any constitutional disturbance, and little or no discharge. It may also assume the form of a mole or hydatids, which usually come away in the course of a few weeks or months; or they may remain in the womb a number of years; in other cases, the putrid mass causes great constitutional irritation, which sometimes terminates fatally. The patient complains of pain in the head, the pulse is rapid, full and bounding, or weak and thready; the skin hot and dry, great thirst, tongue coated, urine high colored, the bowels tender on pressure and sometimes swollen, the vagina hot and painful to the touch, and the womb in the same condition. When symptoms of this description declare themselves, they give rise to serious apprehensions for the

safety of the patient, and require active treatment, which is not always able to prevent a fatal termination, even in case the after-birth should be expelled. Opium, in some form, will be found a valuable remedy, also cypripeden in doses of two grains, every three or four hours. Camphor, spirits of minderera and spirits of nitre; Dover powder; gelsemin one fourth or one half a grain every two or three hours. The bowels should be freely opened, followed by alterative doses of calomel and Dover powder or opium, or podophyllin one fourth of a grain, leptandrin one grain, every three or four hours. To assist in expelling the after-birth or portions of it which may be retained, and check the hemorrhage, ergot or borax will be of service, or caulophyllin three grains, three or four hours apart, also hot fomentations to the bowels, washing out the womb with warm water, or a solution of chloride of lime, as previously mentioned. If there is much soreness of the bowels complained of on pressure, a dozen leeches or more may be applied, or a large blister. When there is a determination to the head, it should be kept cold by cold applications; leeches to the temples, or a blister to the nape of the neck, do good in some cases. If the patient will bear loss of blood, bleeding from the arm will be of service, or stimulants and anti-spasmodics may be required; twelve or fifteen drops of diluted sulphuric acid, with epsom salts, has been recommended by Dr. Gooch; other saline preparations will sometimes do good,

given in small doses every four or six hours, according to effect. In many cases, after an abortion, particularly at an early stage of pregnancy, a discharge of blood continues a number of weeks; it may be constant or only when the woman is about on her feet; increases by going up and down stairs, or on the least exertion; when it is allowed to continue for a length of time, the general health becomes seriously affected. It is frequently induced by not keeping quiet a sufficient length of time after the abortion.

Misplacements and chronic inflammations of the womb and ovaries, are often caused in the same way. Rest, in the recumbent posture, for a few days, should be observed; cold water, injected up the rectum, three or four times a day, will be found a valuable remedy; also thirty or forty drops of tincture of ergot, four or six hours apart; tonics will be required in some cases, as quinine, iron, and others.

CHAPTER XXVI.

FALSE CONCEPTION.

This term, as generally understood, implies the act of sexual intercourse, and refers to certain substances expelled from the womb, attended with more or less hemorrhage and pain. If the vitality of the ovum is destroyed, in consequence of faulty conformation, or disease of the womb, injuries occurring to the mother, as a fall or blow, certain diseases, violent emotions of the mind, or any other cause, it is generally soon expelled from the womb; not unfrequently, however, it is retained a longer or shorter period, and undergoes changes in form and structure, which renders it very difficult, in some cases, to decide what it really is, at least, without a careful examination; as there are substances expelled from the womb, resembling, in some cases, very closely, those due to pregnancy, that are not entitled to this suspicion. This is particularly the case where the ovum is blighted during the first three or four weeks after conception, as the fœtus at this early period, is often dissolved in a day or two after vitality ceases, the membranes only remaining, and these are sometimes expelled in fragments, or infiltrated with blood, presenting the appearance of a clot.

MOLES.—"By the term mole, authors have intended to describe very different productions of, or excretions from the uterus. By some it has been used to signify every kind of fleshy substance, particularly those which are properly called polypi; by others, those only which are the consequence of imperfect conception, when the ovum is in a morbid or decayed state; and by many, which is the most popular opinion, every coagulum of blood, which continues long enough in the uterus to assume its form, and to retain only the fibrous part, as it is properly called, is denominated a mole."*

Dr. Burns says:—"It is the opinion of many, that these substances are never formed in the virgin state, and no case that I have yet met with contradicts the supposition."†

The true mole, according to the weight of medical authority, is the result of sexual intercourse, and presupposes conception; the ovum becoming blighted, and retained in the womb, assumes the form of a fleshy mass, more or less dense in structure, and of variable size, and when expelled, it is commonly called a false conception. They may follow an abortion, or delivery at full term; some portion of the after-birth or membrane being retained in the womb, forms the nucleus of the mole; or, as previously stated, the ovum being retained in the womb after vitality ceases, degenerates into a fleshy mass called a mole, which is probably the most com-

* Denman's Midwifery, page 124. † Burn's Midwifery, page 102.

mon origin of these abnormal growths. The false mole, if the term can be properly applied to substances sometimes expelled from the womb in the virgin state, may be formed in consequence of some abnormal condition of the womb, a polypus tumor, or a clot of blood retained in the womb, in cases of painful or profuse menstruation; the contractile force of the womb would naturally press out the more fluid portion of the clot, leaving a fibrous mass, which may be invested with a fleshy covering, resembling in its external appearance, the true mole. The membrane, also, or a portion of it, which is formed in the uterine cavity, in some cases of painful menstruation, may be retained, and forms the nucleus of a substance, that finally assumes the appearance of a morbid growth, like the preceding. It is, therefore, of great importance to distinguish between those substances expelled from the womb, the consequence of sexual intercourse, and those that are not, particularly when the character of the female is in question. As a general rule, these morbid growths are expelled at or before the full term of pregnancy is completed, frequently about the fourth month; they have been known, however, to remain in the womb several years. Dr. Montgomery states that a case is related by Ambrose Paré, of a mole being retained in the womb seventeen years. The fact that these morbid growths are sometimes retained a long time in the womb, should be born in mind, as a female might be delivered of a mole, after she had been several

years a widow, that commenced its growth while she was living in wedlock.

On making an incision into the mole, they are sometimes found to be hollow, at other times solid; those that are hollow, contain a watery, bloody fluid, and are occasionally as large as the head of a child at full term; generally, however, they are about the size of a goose-egg. The solid mole is of larger growth than those that are hollow, and as commonly met with, they are about the size of a double fist; in either case, they vary considerable in size.

In some cases of twin conception, there may be two moles in the womb, or one ovum only is blighted; the woman being delivered at full term, of a healthy, full grown child, and at the same time, or a few days later, of a false conception or mole.

Symptoms.—The presence of a mole in the womb produces the usual symptoms of true pregnancy; it is, therefore, very difficult to discover the nature of the case, at least before the time of quickening, unless the mole is expelled before this period, which not unfrequently happens; and in many cases, where the mole is retained in the womb after the usual time of quickening, the cause of the symptoms is mere conjecture, from the fact, that in some women who are delivered in due time of a healthy child, many of the usual symptoms of pregnancy are absent. Yet, as a general rule, there are certain peculiarities observed in molar pregnancy, that do not usually occur in true pregnancy. These are absence of the sound produced by the fœtal heart, ab-

sence of motion of the child, a greater enlargement of the abdomen, previous to the period of quickening, than in true pregnancy; and after this period, there is a less rapid enlargement of the abdomen, which is sometimes painful on pressure; and not unfrequently, there is a discharge of blood, or watery fluid, from the womb, occurring, in some cases, about such a time every month, corresponding to the regular monthly period; at other times, it occurs irregularly as to time. The inconvenience arising from the enlargement of the womb, does not differ materially from that experienced in true pregnancy; it sometimes feels heavier, and appears to roll about from side to side, as the woman changes her position; the breasts, after having been more or less distended, frequently shrink, and become flaccid, and secrete a watery fluid.

Treatment—The expulsion of the mole is usually attended with more or less pain and hemorrhage, as in abortion, and requires similar treatment.

Hydatids.—These morbid growths, sometimes called false conception, are a species of mole, and consist of numerous vesicles, or little sacks, filled with a watery fluid; they vary in size from a pin's head to that of a large grape. In some cases, they exist in large numbers, connected together like bunches of grapes. At other times, there is only a few of them, and these may be attached to an after-birth, or a portion of it, or some portion of the membranes of an ovum. In regard to the origin of hydatids, as in the case of moles, a diver-

sity of opinion exists amongst authors, some contending that they may be formed independent of sexual intercourse ; whilst others, high in authority, regard them as resulting from impregnation. Dr. Montgomery says, "my own belief, then, is that uterine hydatids do not occur except after sexual intercourse, and as a consequence of impregnation ; never having met, or heard of a case, in which their presence was not accompanied, or preceded by the usual symptoms of pregnancy. In every instance under my immediate observation, the women supposed themselves with child, and when the contents of the uterus was expelled, there was found either a blighted fœtus or some other part of the ovum." "Still it must be confessed, that our knowledge on this point is by no means sufficiently precise, nor our collection of facts sufficiently extended to warrant us in pronouncing positively on the question, or asserting decidedly, in a case of suspicion, that a woman was pregnant, merely because she discharged hydatids from the uterus, except we could detect, along with them, some constituent part of the ovum, or in an examination after death, find in the ovary the true corpus luteum, which ought to put an end to all doubt."*

Dr. Meigs says "I have never heard of hydatids in the virgin, nor do I believe that a virgin could have a hydatid, or any thing like it, developed in her womb. I have met with them only in married

*Montgomery on Pregnancy, page 220.

women. I do not regard them as hydatids, or acephalocysts ; but I think they are morbid products of conception."*

The opinion of several other eminent authors, as expressed in their writings, favors this view ; that there is the strongest evidence, short of positive proof, that hydatids are the consequence of conception. These morbid growths, have been known to be retained in the womb several years ; generally, however, they are expelled at or before the full term of pregnancy is completed, frequently about the sixth or seventh month.

Symptoms.—The remarks in regard to the symptoms and peculiarities observed in the case of moles, apply in the case of hydatids ; there is also more frequently a discharge of blood or watery fluid from the womb, and in some cases, there is a discharge of portions of hydatids from time to time, previous to the final expulsion of the whole mass ; this, of course, reveals the true nature of the case ; but, aside from this occasional occurrence, it is often very difficult to tell whether the womb contains a mole or hydatids. Sooner or later, pains like labor come on, and the mass is expelled, as in a case of abortion, or premature delivery, and requires similar treatment and management.

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*Meigs on Diseases of Women, page 349.

CHAPTER XXVII.

STERILITY.

According to the common acceptation of the term, sterility means an unfitness, or inaptitude on the part of the female, to become impregnated. This may result from various causes, such as closure of the fallopian tubes; absence, malformation and imperfect development of the organs concerned in the reproductive process; organic disease of the womb or ovaries; and tumors of these organs; chronic inflammation, and congestion of the womb or ovaries; ulceration of the womb or contraction of the passage through the neck of the organ; misplacements of the womb, leucorrhœa, and immoderate sexual indulgence.

Closure of the fallopian tubes, absence, malformation, and imperfect development of the generative organs, are as rarely met with, as the subjects of sterility are numerous; we must, therefore, look to causes of more frequent occurrence, for an explanation of the unfruitfulness. In most cases, these will be found to be, chronic inflammation of the ovaries or womb; an irritable condition of the womb; ulceration, or contraction of the passage through the neck of the womb; excessive sexual

indulgence, and leucorrhœa. Tumors, organic disease, and misplacements of the womb, are no doubt causes of sterility, in some cases; but these morbid growths, and abnormal conditions, are usually associated with more or less inflammation and congestion of the organ, which is probably sufficient of itself to cause barrenness. An irritable condition of the womb may cause sterility, and excessive sexual indulgence may induce chronic inflammation of the womb or ovaries, and irritable uterus; when this is the case, more moderation should be practiced, and the time selected for sexual intercourse, which should be just before or after a monthly period; also, proper treatment, to restore the internal organs to a healthy condition, should be be resorted to.

Sterility is not unfrequently associated with painful, profuse, or obstructed menstruation, ulceration of the womb, and leucorrhœa; in either case, be the cause of barrenness what it may, to cure the infirmity, the cause must be removed. In some cases, this is beyond the reach of remedies, as where it depends upon some incurable disease, malformation, absence, or imperfect development of the generative organs; or where the non-productiveness of the female depends upon some condition of the male; in the latter cases, if amenable to treatment, they do not come within the scope of this treatise.

It has been proved by investigations of modern origin, that when in a healthy condition, the mu-

cous membrane lining the cavity of the womb, secretes an alkaline fluid, and the mucous membrane of the vagina an acid fluid ; the alkaline secretion from the womb tends to neutralize that of the vagina ; one object of this uterine and vaginal secretion, is to moisten or lubricate the mucous surfaces and prevent adhesion. This lubricating fluid may be reduced in quantity, in consequence of diseased action, causing a dryness of the parts, with more or less inconvenience, or the quantity may be greatly increased, recognized by the term leucorrhœa ; the result, in either case, of acute or chronic inflammation, in most cases. A similar result is observed in inflammatory affections of the throat and breathing tubes ; at first, there is a dryness or hoarseness, which continues a longer or shorter period, followed by a more or less copious expectoration of mucous. The natural secretion of the mucous membrane of the vagina, and cavity of the womb, is not only increased in quantity in leucorrhœa, but it is frequently altered in quality also ; that from the womb, instead of being alkaline, may, in consequence of abnormal action, become decidedly acid, which, added to the vaginal secretion, increases its acid properties to such a degree, as to destroy the vitality of the male semen, thereby causing sterility. The same result may occur, if from certain conditions of the womb, the alkaline secretion from that organ is suspended, in which case, the vaginal secretion becomes more decidedly acid, in consequence of the absence of the

neutralizing influence of the alkaline secretion from the womb.

CHAPTER XXVIII.

CONVULSIONS.

THE intimate connection between the womb and nervous system generally, and the frequent examples of reflex action, render the female extremely obnoxious to convulsions, both before, during and after child-birth. They also occur independent of pregnancy. By some authors, convulsions are divided into hysteric, epileptic, and apoplectic convulsions; other divisions are sometimes made, but they are probably modifications of the above. The hysteric form has been previously considered, and as the symptoms or treatment does not differ in any essential particulars, whether the attacks are associated with pregnancy or not, we shall pass without further remarks on this complaint, to the consideration of the epileptic variety.

Epileptic convulsions occurring just before, during, or soon after delivery, constitutes that peculiar malady, usually recognized as puerperal convulsions. That the affection is intimately connected with uterine action, is pretty clearly made out by the fact, that, if the convulsions come on two or three months before full term, contractions of the

womb generally take place, followed, in some cases, immediately, by premature labor. The complaint usually occurs during delivery, or soon after, and attacks women in their first pregnancy more frequently than at any other time. In regard to the cause of puerperal convulsions, Dr. Locock remarks :—

"The immediate causes of puerperal convulsions are often very obscure. They appear, sometimes, to depend upon a loaded state of the brain ; at other times, the brain appears to be influenced by distant irritation, either in the uterus or digestive organs ; and again, in some cases, puerperal convulsions are induced, apparently, by a peculiar irritability of the nervous system. It has been remarked that there has been a greater disposition to puerperal convulsions in those patients, who have been, in early life, subject to convulsive attacks, particularly of an epileptic character ; and also, in those, who have suffered similarly in former labors, and have omitted those measures usually employed as precautions. That the uterine organs are in some way particularly implicated, is evident from the convulsions being of a character which may be said to be peculiar to the state of either pregnancy or parturition."

"The immediate attack may be brought on by a loaded or disordered stomach, or by food, however small in quantity, of an indigestible kind. Some substances, (shell-fish for instance) have been found very frequently to induce convulsions in the puerperal condition, when, at other times, they may have been taken by the same individual with per-

fect impunity. A sudden fright, afflicting intelligence, or any unexpected or depressing mental emotions, may excite the paroxysm; hence it has been long remarked, that unmarried women are more particularly likely to be sufferers from convulsions, from the shame and distress under which their children are usually born. The violent straining caused by labor pains, from the disturbance of the frame by the earlier uterine contractions, causing a temporary rush of blood to the head, will sometimes bring on convulsions."*

A plurality of children has been regarded as a predisposing cause; also certain atmospheric conditions; a number of cases appearing in a section of country at the same time, like an epidemic. "And here I may be allowed to observe, that I have witnessed the occurrence of several cases during warm weather, at a time when the clouds have been charged with electric fluid; when atmospheric appearances have threatened a thunder storm, and when, perhaps, they have ended in one."†

The theory advanced by Dr. Marshall Hall, in regard to the immediate cause of puerperal convulsions, is of no little importance. He considers that in all cases of this complaint, there is an abnormal condition of the great nervous centre, the spinal marrow, and particularly the upper portion of the medulla oblongata. In this opinion he is

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* Cyclopedia of Practical Medicine Art. Puerperal Convulsions.

† Ramsbotham Pract. observations in Midwifery, page 250, vol. I.

ably sustained by several authors, and amongst them Dr. Tyler Smith, who remarks as follows ; "In conclusion, to give a summary of the whole subject, the true puerperal convulsion can only occur when the central organ of this system, the spinal marrow, has been acted on by an excited condition of an important class of its incident nerves, namely ; those passing from the uterine organs to the spinal centre ; such excitement depending on pregnancy, labor, or the puerperal state." Notwithstanding puerperal convulsions are often attended with most distressing symptoms, and often fatal results, the appearances after death very seldom disclose lesion of structure sufficient to explain the peculiarities of the malady. Judging from the severity of the symptoms, and appearances of the patient when laboring under an attack of this complaint, we would naturally expect to find, on examination after death, considerable congestion of the brain, infiltration into its substance, ventricles, or between the membranes, but this is rarely the case. It is true these appearances are occasionally met with, but they form the exception to the rule. Dr. Ramsbotham remarks that "the whole train of symptoms evinces considerable derangement in the functions of the brain and nervous system ; yet, after death, corespondent marks of organic mischief within the head are seldom met with. The different anatomical inquiries at which I have been present, have not disclosed such regular appearances as to sanction the uniform deduction that the brain was

the principal seat of the disease. I suspect, in many instances, that important organ is no otherwise implicated than through the medium of sympathetic irritation."*

Dr. Merriman observes in relation to this subject: "Of the appearances after death, in those who have died of puerperal epilepsia, contrary statements have been given. Dr Denman says, that in the examination of many women who have died from convulsions, he has never seen an instance of effusion of blood in the brain, though the vessels were extremely turgid; but has always remarked, that the heart was unusually flaccid, without a single drop in the auricles or ventricles; but he adds that Mr. Hewson had informed him of a case of convulsions, where an effusion of blood in a small quantity, had been found on the surface of the brain; and in his fifth edition, he mentions a case by Dr. Hooper, where a coagalum of blood, weighing nearly four ounces, was found between the dura and pia mater. In one instance, I have distinctly seen an effusion of blood in the posterior part of the cranium; but the quantity was not large, and Dr. Ley has lately met with a similar case." M. Cruvilhier and M. Bontilleux, in their examinations could detect no manifest alteration within the skull, and Dr. Collins says: "I conceive we are quite ignorant, as yet, of what the cause may be; nor could I ever find, on dissection, any appearance to enable me to even hazard an opinion on the subject."†

*Ramsbotham, vol ii, page 248. †Lee's Midwifery, page 399.

Women of a full and plethoric habit are said to be more subject to convulsions than those of an opposite condition. Over-distension of the blood vessels of the upper portion of the body, plays an important part in this complaint. This condition is caused by the enlarged womb pressing upon the large vessels within the abdomen, preventing a free circulation. The blood thus impeded in its course, is determined to the head and upper portion of the body ; the vessels are thus more or less congested. This condition is greatly increased during a paroxysm, from the violent contractions of the abdominal muscles forcing the womb more firmly against the blood vessels, obstructing the circulation to a greater degree than at any other time. The impregnated womb not only obstructs the circulation from its increased size, but it also interferes with the functions of the kidneys, in many cases, from the same cause ; and this result is greatly aided by the over-loaded condition of the bowels, which often exists in the latter months of pregnancy.

The natural function of the kidneys is to separate noxious qualities from the blood, but when interfered with, the natural function is changed to abnormal action, and instead of the natural quantity of healthy urine, it is frequently reduced in quantity, and altered in quality. Urea, that should be eliminated from the system, through the urinary organs, is retained in the circulation, exerting a deleterious influence on the blood ; and at the same time, albumen is observed in the urine. In reference to

this subject, Dr. Lever remarks :—"I have carefully examined the urine in every case of puerperal convulsions that has since come under my notice, and in every case, but one, the urine has been found albuminous at the time of the convulsions. I have further investigated the condition of the urine in upwards of fifty women, from whom the secretion has been drawn, during labor, by the catheter; great care being taken that none of the vaginal discharges were mixed with the fluid; and the result has been that in no case have I detected albumen, except in those in which there have been convulsions, or in which symptoms have presented themselves which are readily recognized as precursors of puerperal fits."*

Further investigations in this direction may result in explaining the phenomena of this mysterious malady; for it is frequently observed in hysteric convulsions, that the patient passes a quantity of urine, altered in quality, immediately after the attack, which shows that the convulsions exert an influence on this secretion, or that it is affected, in some way, by the paroxysms.

Symptoms.—Epileptic convulsions do not differ materially from an ordinary epileptic paroxysm. In some cases, the attack is preceded by premonitory symptoms, as pain in the head, difficulty of hearing or seeing, ringing in the ears, and dizziness; the face is flushed, the eyes roll in their sockets, the

* Churchill on Diseases of Women, page 496.

muscles of the face twitch convulsively, and in some cases vomiting occurs. These symptoms increase in severity, the blood rushes to the head, the face assumes a livid hue, the pupils of the eyes become dilated and insensible to light, and turned upwards or inwards. In some cases, the lids are closed, the jaws firmly set, or the lower jaw is drawn to one side, the nostrils dilated, foam issues from the mouth, the breathing is laborious, and performed with a hissing noise, or nearly suspended. From the impeded respiration, the whole surface of the body becomes of a purplish hue; the patient is insensible to surrounding objects; she throws herself wildly about; the abdominal muscles are firmly contracted, and the whole muscular system violently convulsed. The face is frequently greatly contorted, and the head jerked to one side, or turned back; the tongue is often lacerated by being thrust between the teeth when the jaws are brought together by the contractions of the muscles. As the attack passes off, the struggles become less violent, and gradually cease; the breathing becomes more regular, the countenance more natural, and the patient rests quietly in a deep stupor. The paroxysm is usually of short duration, sometimes occupying only five or ten minutes, in others, twenty or thirty; the patient returning to consciousness, in some cases, before another fit comes on; and if proper measures are taken, another fit can sometimes be prevented. One attack succeeds another in quick succession, in some cases; in others, several hours may elapse between

them; the number of the paroxysms being governed, to a great extent, by the treatment. The paroxysm frequently comes on, suddenly, without any premonitory symptoms; or the patient may utter a piercing shriek, or refer to a violent pain in her head, and immediately be seized with violent convulsions. If the attack comes on after labor has commenced, the delivery is not usually prolonged in consequence. In some cases, the birth of the child is accomplished while the woman is unconscious; and not unfrequently, the child is still-born, with appearances, in many cases, of having been dead some time. Puerperal convulsions, occurring early in pregnancy, often result in death to the fœtus; the danger to the child being less, when the labor has progressed so far that delivery can be speedily accomplished; but the danger to the mother is greater at full term, than when the convulsions occur at an earlier period of pregnancy. In many cases, peritoneal inflammation sets in, after the delivery is over, and the convulsious have ceased, which greatly increases the danger to the mother.

Treatment.—The importance of general bleeding in this complaint, is generally conceded, and bleeding freely too, with a full stream, not so much with the view of curing the convulsions, as to counteract the determination to the head, and relieve the brain; but the effect of the bleeding must be closely watched, and the amount governed by the condition of the patient, the effect produced, and the quantity previously lost, particu-

larly in cases of convultions occurring after delivery. When bleeding from the arm has been carried as far as the appearance of the patient seems to admit, and the effect on the determination to the head has not been sufficient, or in cases where, from previous loss of blood, general bleeding is not admissible, leeches to the temples may be applied with benefit, also cupping the back of the neck, or both. The head should be shaved, and cold applications put on, or a blister may be applied to the nape of the neck and head. The feet and legs should be immersed in hot water, or hot poultices applied to them, as mustard and others. Free evacuation of the bowels by active cathartics, as calomel and jalap, is of importance; or the bowels may be previously moved by injections; after this has been accomplished, a tea-spoonful of laudanum in half a tea-cupful of warm water or thin starch, may be injected up the rectum; or a full dose of laudanum, thirty or forty drops, or one grain of opium, administered by the mouth, and repeated as occasion requires. Tartar emetic has been favorably mentioned by Dr. Collins, given in small doses, sufficient to produce nausea only; tincture of digitalis, ten or fifteen drops, in a tea-spoonful of ammoniated tincture of valerian, and other anti-spasmodics, will be of service between the paroxysms. As the convulsions frequently cease immediately after delivery, the induction of premature labor has been proposed, in cases where the attack comes on before the full term is completed, the fits being rebellious

to treatment, severe, and of frequent occurrence; and when the attack occurs at full term, to use all reasonable means to expedite delivery.

Apopletic Convulsions.—The principal difference between this form of the complaint and the preceding variety, consists in a greater determination to the head, congestion of the brain, effusion of blood or serum into its substance, ventricles, between the membranes, or at the base of the brain. It is more apt to occur, during the latter part of labor, or soon after it has terminated, than at any other time. There is little or no frothing at the mouth, less convulsive movements, and proves more frequently and suddenly fatal than the epileptic form. The symptoms demand prompt and free bleeding, either general or local, or both, and other remedies as in the preceding variety. When recovery does occur after an attack of apopletic or epileptic convulsions, the mind is sometimes affected for a considerable time afterwards, if not permanently.

CHAPTER XXIX.

PUERPERAL, OR CHILD-BED FEVER.

Soon after delivery, women are sometimes attacked with puerperal peritonitis, or puerperal fever, commonly called child-bed fever ; attended with great suffering, and often fatal in its termination.

It has several times prevailed as an epidemic, both in hospital and private practice, causing fearful havoc amongst lying-in women, in all conditions of life. Puerperal fever depends upon inflammation of the womb, or its appendages, or the peritoneum.

The membrane lining the cavity of the abdomen, is called peritoneum ; it envelopes the intestines, womb, ovaries, fallopian tubes, ligaments of the the womb and bladder, all of which, may be more or less affected in this complaint ; more frequently, however, the peritoneum or womb, or both, is the principal seat of the disease. It may commence in the womb, and spread to other organs and tissues, or the ovaries may be first attacked, other portions of the pelvic viscera, sooner or later, becoming implicated in the malady.

In regard to the contagious, or non-contagious

character of puerperal fever, there is considerable diversity of opinion amongst medical writers ; some, high in authority, contending that it is contagious ; others, again, equally eminent, are strenuously opposed to this doctrine. If not, strictly speaking, an infectious disease, it has not unfrequently manifested itself under circumstances similar to those observed in contagious diseases. In view of the possibility of transmitting it from one patient to another, every precaution should be used, to prevent such an occurrence, by those having the care of puerperal women. Child-bed fever generally commences by the third or fourth day after delivery ; it has occurred, in some cases, much later than this, and sometimes it occurs within a few hours after the birth of the child ; instances are also recorded, where it commenced before delivery. Puerperal peritonitis not unfrequently occurs after abortion, even at an early stage of the conception ; in fact, a woman is more liable to inflammation of the peritoneum, womb, or its appendages, from abortion, than from delivery at full term ; although in the former case, the malady is generally of a less serious character, and more easily managed, than in the latter.

Causes.—Although the cause or causes of this serious malady are obscure, and perhaps unknown in many instances, we may mention difficult labor, the use of instruments to expedite delivery, a clot of blood, portions of the membranes, or after-birth retained in the womb, a bad state of health pre-

vious to lying-in, costiveness, epidemic influences, contagion, the use of stimulants, the effect of cold, getting up too soon after delivery, chronic inflammation of the womb previously existing, which is rendered acute as a consequence of delivery. This is no doubt a cause of child-bed fever, more frequently than is generally supposed, and will be more easily understood by referring to what has been previously stated, that the womb may be affected with chronic inflammation for years, liable to assume the acute form at any time, from certain causes. The violent and powerful contractions of the womb during delivery, may most certainly be sufficient to convert a chronic inflammation of the womb into acute inflammation, which may be confined to that organ, or spread to other portions of the pelvic viscera, and develope this fearful malady.

When the disease occurs after abortion, it may be caused by medicines, or instruments used for the purpose of producing the abortion; by the violent action of the womb to expel the product of conception, or portions of it being retained too long in the womb, and getting up too soon after the abortion; also chronic inflammation, rendered acute, as a consequence of abortion.

Symptoms.—As a general thing, child-bed fever comes on suddenly; the attack may be preceded by a slight chill, or a severe ague, or the the patient may first complain of pain in some portion of the abdomen, frequently in the lower part, near the

groin, which soon extends upwards until the whole or greater portion of the abdomen becomes exquisitely tender; the slightest touch, or the weight of the bed-clothes aggravates the pain ; sooner or later, the bowels begin to swell, which may increase until they become as large as they were previous to delivery. There is generally intense headache and thirst ; the skin is hot and dry, or during the latter stages, when about to terminate fatally, covered with a clammy perspiration ; the pulse is very quick, often one hundred and thirty or one hundred and sixty beats per minute, full and vibrating, or weak, tremulous, and intermitting ; the respiration is hurried and laborious ; the tongue white and moist, and sometimes red around the edges, and covered with a dark fur in the centre ; the urine is high colored, diminished in quantity, deposits a sediment on standing, and is frequently passed with considerable smarting pain. In some cases, there is diarrhœa, in others the bowels are constipated ; the lochia, or discharge from the womb, is generally suppressed, and when the disease comes on after the secretion of milk has taken place, this is usually checked also. The bowels are so very tender and painful, that the patient cannot bear to be moved ; she prefers to lie on her back, with the head well raised by pillows, with the knees drawn up, which position seems to give a little relief; there is frequently nausea and vomiting, which at first is merely a thin, watery fluid ; as it continues, the matters vomited assume a billious character, and

in the severer forms of the malady, it turns to regular black vomit; hiccough is a frequent symptom, and adds greatly to her distress.

To say that a woman suffers greatly during an attack of child-bed fever, is a meaningless expression, the agony is intense; far beyond the power of words to express.

In regard to the appearances disclosed by an examination after death, Dr. Gooch remarks:—"On opening the abdomen, which was often as large as before delivery, the intestines were found distended with air, the peritoneum was red in various parts, its surface was covered with a coat of lymph, the intestines adhered to one another, and the omentum to the intestines; coagulable lymph was deposited on various surfaces, especially in the depressions between the convolutions of the bowels, and on the omentum, on both of which parts it often lay in large masses; the cavity of the peritoneum contained several pints of a turbid fluid, apparently serum mixed with lymph. In the uterus, the morbid appearances were generally confined to its peritoneal covering, which was coated with lymph; on removing which, the membrane itself was found unnaturally red; but in some cases, the disease had penetrated deeper into the uterus, the substance of which was sometimes infiltrated with pus, and sometimes contained small abscesses, about the size of a nut; the inner surface of the uterus, especially at the fundus, often appeared black and ragged, as if gangrenous. The enlargement of the abdomen de-

pended entirely on air in the intestines; when there was no air there was no enlargement, even though the peritoneum contained several pints of fluid."*

TREATMENT.—Child-bed fever runs a rapid course, frequently terminating fatally by the fifth day after the attack; it therefore demands prompt and energetic treatment, which will be modified somewhat, by the severity of the symptoms, the length of time elapsed since the disease first manifested itself, and whether epidemic or not.

The most fatal cases of puerperal fever, and at the same time, most intractable, are when the disease prevails as an epidemic; at such times, also, a mode of treatment may be very successful in one epidemic, and most signally fail in another; this has led to lengthy discussions, and great diversity of opinion, in regard to the proper course of treatment in this complaint; some contending, that a free and copious bleeding produced the most favorable results, and without it, nearly every case terminated fatally; others again, asserting, that when this course of treatment was adopted, the patients almost invariably died. This diversity of opinion has resulted from viewing one epidemic, as a type of puerperal fever in general, which is far from being the case: also, whether the disease occurred in hospital or private practice, in the city or in the country, and the length of time elapsed between the commencement of the attack, and the time that bleeding was resorted to, and the quantity of blood taken.

*Gooch on Diseases of Women, pages 49 and 50.

The pain in some portion of the abdomen, frequently the first symptom complained of, is often considered nothing more than an after-pain, for which a grain of opium, a dose of morphine, laudanum, or camphor, or a tea-spoonful of laudanum in half a tea-cupful of thin starch, injected up the rectum, repeated occasionally, will generally bring relief; it is, therefore, not unfrequently past cure, before the true nature of the malady is understood; for it has been proved by sad experience, that if puerperal fever is cured at all, particularly in its severer forms, it must be treated promptly, and at the very outset; a few hours delay being sufficient, in many cases, to render all attempts to bring about a favorable issue utterly futile. Notwithstanding the opposition previously referred to, in regard to general bleeding in puerperal fever, the weight of authority, at the present day, is decidedly in favor of it. Bleeding, then, is the first and most important remedy in the treatment of this complaint, but it must be resorted to at the very outset of the disease. In connection with this subject, Dr. Gordon says:— "If called to a case within twelve hours after the attack, I insisted on bleeding the patient, and promised for its success; but, if at a later period, viz. from twelve to twenty-four hours after the attack. I thought it incumbent on me to propose it as the only effectual remedy; but I neither insisted upon it, nor promised for its success."*

In regard to the quantity of blood to be taken,

*Gordon's treatise on Puerperal fever, page 60.

the same author remarks :—" When I took away only ten or twelve ounces of blood from my patient, she always died ; but when I had the courage to take away twenty or twenty-four ounces at one bleeding, in the beginning of the disease, she never failed to recover." Although many years have passed since Gordon's time, his treatment in puerperal fever has gained in popularity, and is to-day resorted to, in successfully combatting this fearful malady.

The object in bleeding is to reduce the inflammation, prevent effusion into the peritoneal cavity, and check the disorganizing process, its almost invariable result. A favorable effect will be ascertained, by the relief manifested by the patient, a more natural pulse, and less pain and tenderness of the abdomen. In some cases, before this is attained, it may be necessary to repeat the bleeding, and also to take, at the first bleeding, a larger quantity even than that recommended by Dr. Gordon. After bleeding, or in cases where it has not been advisable to resort to it, if the abdomen is very tender and painful, apply leeches, a dozen or more at a time ; also hot fomentations, such as cloths wrung out of hot water, or hot spirits; or a poultice made by steeping some kind of herb, as catnip or boneset, and thickening the tea thus made with Indian meal. If the weight of the poultice thus made causes pain, apply a bag of scalded bran, it will be much lighter, and it will also retain the heat and moisture a long time. If there is much pain in

the head, apply leeches to the temples, or a blister to the nape of the neck, and cold applications to the head. An important part of the treatment consists in freely evacuating the bowels; for this purpose, ten or fifteen grains of calomel, with the same quantity of jalap, and five grains of ipecac, may be given at a dose, followed by a dose of castor oil, or epsom salts, and the bowels afterwards kept freely open by saline apereints; if there is nausea and vomiting, apply a mustard plaster over the stomach; administer the calomel, and omit the jalap and ipecac; in some cases injections are of service; this course also has a tendency to relieve the bloated condition of the bowels. The spirits of turpentine has been given with good success in many cases, in doses of fifteen or twenty drops, mixed with mucilage, or yolk of egg, and repeated every two or four hours. It has also been administered as an injection, half an ounce or an ounce at a time, suspended in mucilage, or yolk of eggs, in half a teacup-ful of warm water; it is also applied externally to the bowels, with advantage. Opium, or some of its preparations, is a valuable remedy in this complaint, as a grain of opium, a fourth or sixth of a grain of morphia, thirty or forty drops of laudanum, or eight or ten grains of Dover's powder, repeated in two, four, or six hours, according to the effect produced; also hyoscyamus fifteen grains, camphor twenty grains, divided into five portions, one, three or four hours apart; or six grains of Dover's powder and three grains of cam-

phor, every three or four hours; or the Dover's powders may be combined with two or three grains of calomel, with advantage, and repeated every three or six hours. Calomel has long held a favorable position in the treatment of this complaint, administered in small doses, and repeated every four or six hours, until a decided amendment takes place, or the gums become tender. If it acts on the bowels, producing too frequent evacuations, it must be restrained in its action, by Dover's powders, opium, or some astringent preparation. Tartar emetic also, produces favorable results in many cases, given in doses of an eight, or fourth of a grain, every two, four or six hours; but if it should run off at the bowels, restrain it, as in the case of calomel, and should it induce vomiting, give it in smaller doses, and not so often, and discontinue it entirely, if the vomiting cannot be controled.

From the high commendations in favor of Gelsemin, in serous inflammations, it is entitled to a fair trial in this complaint; but if there is great prostration of the vital forces, as occurs when this disease assumes the typhoid form, it is contra-indicated; dose, one eighth, or one fourth of a grain, two, or four hours apart. Spirits of mindererus two ounces, tincture of digitalis half a drachm; dose, a table-spoonful, every four or six hours, will be of service in some cases. If the patient continues to vomit after applying the mustard plaster, apply a blister to the stomach, or give ten or fifteen grains of calomel; should this be ejected, give another dose;

the second or third will frequently be retained, if the first is thrown up. The diet should be unstimulating, and easy of digestion; the drinks mucilaginous or acidulated fluids, and taken in small quanties at a time. In cases where the disease assumes the typhoid form, bleeding is not recommended, but a more generous diet may be allowed, with beef tea, brandy or some other spirituous liquor. An acute attack of puerperal fever sometimes runs into the chronic form, and in some cases, the disease comes on gradually, and assumes this form, attended with some of the symptoms previously mentioned, though of a less aggravated character, and continuing several weeks; this is frequently observed after an abortion.

Although general bleeding will rarely be of service in cases of this class, leeches are often of great advantage; also frictions to the abdomen, with spirits of turpentine and sweet oil, or mercurial ointment, about one drachm, well rubbed in, twice or three times a day, and the remedies previously recommended to a greater or less extent, according to the severity of the symptoms.

In this form of the complaint, it may terminate fatally, in consequence of its protracted course, and exhaustion of the vital forces from the violence of the constitutional disease.

CHAPTER XXX.

CRURAL PHLEBITIS, OR MILK LEG.

This disease is commonly called swelled leg, or milk leg, from the opinion, entertained in times past, that by some mysterious process, the milk was transferred to the limb, causing it to swell.

Crural phlebitis, signifies inflammation of the veins of the leg, which is the prominent feature of the complaint, commencing usually about a week after delivery; in some cases, earlier, and in others, several weeks after the birth of the child. Although most frequently met with after delivery at full term, it sometimes succeeds abortion, and has been known to occur, independent of conception and its consequences.

"It consists in a swelling of one or both legs, (simultaneously or successively) shortly after delivery, with pain and tenderness, and running a definite course. The left leg is more frequently affected than the right. It may occur with first children, but is more frequent after subsequent deliveries."*

"After one leg has been affected, and even before the complaint has completed its course there, the other may become diseased; and this has no influ-

* Churchill's Midwifery, page 512.

ence on the progress of the first. The second attack is sometimes the worse of the two, owing, perhaps, to the previous debility. Coldness is often felt in the second leg, before the paroxysm comes on, and pain in the belly precedes the attack. The first leg may be the second time attacked."*

Although rarely fatal, it is often tedious, the limb remaining swelled a long time, and the patient slowly recovering her strength; the leg may also suppurate, or mortify, resulting in serious constitutional disturbance, exhaustion and death.

Causes.—In many cases, the cause is very obscure, yet it is generally considered the effect of cold; diseases of the womb may also give rise to it; of this there is little doubt, particularly in regard to inflammation of the womb or its appendages, which may previously exist, or occur in consequence of labor, and spread to the veins of the leg.

Symptoms.—In many cases, the patient first complains of pain in the groin; at other times, the pain is first felt in the calf of the leg, which sometimes comes on suddenly; and not unfrequently the disease is preceded by pain and tenderness of the lower part of the abdomen, extending to the groin, and down the thigh and leg to the foot. The leg is very tender to the touch, soon begins to swell, and feels stiff and useless; the veins are large and swollen, and more exquisitely tender than other portions of the limb; the veins and glands about the groin are

* Burn's Midwifery, page 420.

enlarged, and very tender. In some cases, the upper extremities have been known to be similarly affected.

"Sometimes the disease begins like rheumatism, affecting the back and hip joint. Then the upper part of the thigh becomes painful and swelled, and next the calf of the leg suffers; sometimes the limb at first feels colder than the other. Occasionally, the disease is very mild, and attended with little swelling."*

In many cases, however, the limb becomes greatly distended, being sometimes twice the size of the sound leg. The swelling generally begins within twenty-four hours after the pain commences, and frequently attains its largest dimensions within forty-eight hours. The leg is generally hot, but rarely red; sometimes it feels colder, and looks paler than natural. The pulse is generally very quick, often a hundred and forty beats per minute, though weak and feeble; the patient is restless and sleepless; complains of thirst; the tongue is white and moist; the appetite is lost, the countenance pale, the bowels frequently constipated, and the stools clay colored; sometimes there is a looseness of the bowels, the evacuations being very fœtid and bilious; the discharge from the womb, in some cases, is of very bad odor, or it may be suppressed; generally it is not much affected; the urine is turbid, and the patient perspires freely. The pain, though

* Burns' Midwifery, page 419.

constant, is frequently aggravated from time to time, and when the swelling has reached its height, the pain is generally less than it was before this occurred. The disease may run its course in about two weeks ; in some cases, however, it assumes a chronic form, the limb remaining useless several months; and sometimes the swelling never entirely leaves it.

Treatment.—As the disease arises from inflammation of the veins of the leg, and is frequently associated with more or less inflammation of the organs and tissues within the pelvis, if the patient is of a plethoric habit, bleeding from the arm will sometimes be of service; but it should be resorted to at the commencement of the attack, before the limb becomes swollen, or not at all. Whether general bleeding is resorted to or not, leeches will be of service, and the earlier they are applied, the more benefit there will be from them ; they should be applied to the groin, and limb where the pain and tenderness is most complained of, particularly along the course of the veins, and repeated several times if necessary ; also hot fomentations, as hot poultices, large enough to cover the limb, or flannel cloths wrung out of hot vinegar and water, hot camomile tea with camphor, and applied as hot as the patient can bear ; then wrap it up in a blanket or quilt, to retain the heat and moisture about the limb as long as possible ; these fomentations should be changed often, and continued several hours, the leg may then be rubbed with oil and laudanum, spirits of turpentine, or camphorated oil, and the

fomentations resorted to again, if the swelling continues. Blisters do good in many cases; for this purpose, a long strip of blister plaster, or several small plasters should be applied along the course of the veins. The state of the bowels will require special attention; if they are constipated, give a dose of castor oil, or some other gentle cathartic, and when the stools are clay colored, small doses of calomel, or podophyllin and leptandrin, will have a good effect. Although very active purgatives, or profuse and frequent evacuations from the bowels should be avoided, they must be kept regular by gentle aperients, such as extract of butternut, cream of tartar, epsom salts, and others of this class. If there is diarrhœa, restrain it, with chalk mixture and catechu, and other astringents. Opium in some form, hyoscyamus, or extract of hops, will be of service to quiet the restlessness, and procure sleep; and if the discharge from the womb is of bad odor, injections up the front passage with warm milk and water, camomile tea, or a tea-spoonful of the chloride of soda solution, or chloride of lime, in half a tea-cupful of warm water, will correct it. The diet should be light, and unstimulating, during the stage of excitement, but as the disease continues, tonics will be required to keep up the strength of the patient, such as Peruvian bark, quinine, and elixir of vitriol, and a more generous diet allowed, with ale, porter, or wine. Rest is a very important part of the treatment; the limb should be moved as little as possible, as standing upon it, or walking

about too soon, frequently protracts the cure, and very often brings on another attack of the malady. The limb should be bandaged, from the foot to the groin, and gradually tightened, as the swelling is reduced; the bandage will be a great support to the limb, and should be worn for a considerable time, after the patient is able to be about on her feet; bathing the affected limb night and morning, in salt water, will be of service in imparting strength to it.

CHAPTER XXXI.

MILK FEVER.

In a few hours after delivery, or not until the third day, the secretion of milk commences; this is frequently attended with slight symptoms of fever, so mild however, that no special treatment is required in the generality of cases; but not unfrequently, from improper diet, too much stimulus, constipation, or the effect of cold, the character of the malady is greatly aggravated, or entirely changed. The patient complains of feeling cold, which increases to a decided ague chill, with head-ache and pain in the back and limbs; the chill may last but a few minutes, or continue two or three hours, followed by a hot stage, with throbbing of the temples, flushed face,

thirst, pain over the eyes, and in some cases pain and soreness of the abdomen; and if the breasts are examined, they will generally be found tender to the touch. The hot stage is succeeded by profuse perspiration, which usually brings great relief to the patient, and if properly treated, does not return; in some cases, however, through neglect, it runs into intermitting, or continued fever. During the attack, the pulse is quick and full, sometimes irregular or variable; the discharge from the womb diminished in quantity, and when it occurs after the secretion of milk has taken place, this is frequently diminished also. In some cases, the fever runs high, attended with head symptoms, and delirium. There is frequently nausea or vomiting, the tongue is coated and the bowels constipated.

TREATMENT.—During the cold stage, give hot drinks, and let the patient have bottles of hot water to her feet, and an extra amount of bed clothes; care being taken that she do not take cold after the chill passes off, by removing too much of the bed clothes at a time. When the hot stage comes on, cold or cooling drinks may be given, a little at a time, and often if necessary; the bowels should be freely evacuated by gentle cathartics and saline aperients, given from time to time, for the purpose of keeping up a regular action of the bowels. In some cases, bleeding from the arm will be of service, or leeches to the temples, and cold applications to the head. If there is nausea and vomiting, give a tea-spoonful of the compound spirits of lavender,

or thirty or forty drops of the ammoniated tincture of valerian, in a wine-glass of water; or apply a mustard plaster over the stomach. Emetics do good in some cases, where the tongue is foul, and the patient is sick at the stomach, and inclined to vomit. The abdomen should be carefully examined; if painful and tender to the touch, apply leeches, hot fomentations, or blisters, and give a full dose of opium, or Dover powder and camphor, or an injection up the rectum, of a tea-spoonful of laudanum, in half a tea-cupful of thin starch. The breasts require special attention; if they are swollen and painful, they not unfrequently give rise to the fever, and if neglected, the patient is in great danger of having a broken breast. The diet should be light and unstimulating, and if the patient is restless and nervous, give five grains of Dover powder, and four grains of camphor, or a tea-spoonful of the ammoniated tincture of valerian. Should the fever continue, or the attacks return every day, or every other day, tonics will be required, as quinine, in doses of two or three grains, Peruvian bark, and others, with wine or brandy, and a more generous diet.

CHAPTER XXXII.

ABSCESS OF THE BREASTS.

This complaint is commonly known by the term broken breast,and generally occurs a few days after delivery at full term, or within the month; sometimes it comes on when the child is weaned; it may also occur after an abortion at the third or fourth month, and in some cases, independent of pregnancy.

Causes.—The formation of matter is the effect of inflammation; hence, whatever induces inflammation of the breasts, may be considered the cause of the malady. When it occurs after delivery, it is sometimes the effect of cold, but more frequently through neglect, in allowing the breasts to become over-distended with milk; this causes inflammation of the milk tubes, which spreads to other portions of the breast, and matter is formed. Sometimes the act of nursing is so very painful, in consequence of sore nipples, that the child is not allowed to draw out sufficient milk, to prevent the breasts from becoming over-distended; or the nipples may be so small, that it is necessary to draw them out with the breast pump; which process may cause irritation of the nipples, and finally result in inflammation, and abscess of the breasts. It may also oc-

cur from moving the arms too much, soon after delivery; from taking cold at a menstrual period, and from injuries to the breasts by a blow or otherwise. Some women are subject to broken breasts after every confinement.

Symptoms.—These will depend upon the extent of the inflammation, and whether deep-seated or not. If it attacks that portion of the breast near the surface, there is sometimes considerable fever, but the pain is not generally very severe; the breast is redder than natural, feels hot, and is more or less swollen; the secretion of milk may be arrested for a short time, but with gentle cathartic medicine, poultices to the breasts, or friction with camphorated oil, and encouraging the flow of milk, the difficulty generally soon passes off; but when the inflammation is deep seated, affecting the glandular portion of the breast, the symptoms are greatly aggravated, and not unfrequently, proves a very serious and sometimes fatal malady; and under the most favorable circumstances, it is generally tedious, attended with intense suffering, and sometimes destroys the natural function of the breast, rendering it entirely useless. One breast only may be affected, or both at the same time; or after one has been sometime affected, the disease may attack the other also. When the inflammation is deep seated, the breast becomes greatly swollen, its whole surface red or mottled, the secretion of milk is arrested, or prevented from escaping; there is a high fever, with headache, thirst, hot skin, quick pulse, an in-

tense throbbing pain in the breast, extending to the armpit, and very often the little glands there become inflamed, swollen and painful. Chills are often experienced when the formation of matter takes place, and after the breast has opened, the patient is sometimes subject to them from time to time. In many cases, the first indication of the malady, the patient is attacked with a severe chill, which after a longer or shorter period, passes off without any particular symptoms occurring for a day or two, and it may be longer, in some cases; but if the breast is carefully examined soon after the chill, some portion of it will be found tender to the touch, and a hard lump will generally be detected. This condition of the breast soon runs into active inflammation, and if not speedily subdued, matter is formed, which sooner or later, finds its way to the surface, forming an opening or abscess; sometimes the matter forms several openings, and where the discharge of matter continues, as it does, in some cases, a long time, the general health becomes seriously affected, and, particularly in patients of a scrofulous habit, may terminate fatally.

Treatment.—As the effect of inflammation is to form matter, this should be prevented, if possible, by reducing the inflammation. To accomplish this desirable result, the milk should be frequently drawn out, by nursing, or with the breast pump, and to assist the flow of milk, apply hot poultices to the breast, or rub it frequently with camphorated oil, volatile liniment, or apply a plaster of brown di-

achylon, large enough to cover the entire breast, leaving a hole in the centre for the nipple ; benefit is sometimes derived from bathing the breast with tincture of arnica, orthe sugar of lead wash, to which a little laudanum may be added ; also cloths wet in hot camomile tea, with a table-spoonful of spirits of camphor to the half pint of the tea ; leeches applied to the breast, will frequently be of service, and if there is much fever, bleeding from the arm may be required. The bowels should be freely evacuated at the commencement of the attack, and kept a little loose by cooling laxatives, as salts and senna, citrate of magnesia, and the like. Tartar emetic, often produces favorable results in this complaint, by the power it exerts over the inflammation ; it should be given in small doses, as a sixteenth, or eight of a grain, every two or three hours, just sufficient to cause nausea, but not vomiting ; when this occurs from its use, discontinue it until it is checked, when it can be again resorted to. If there is diarrhœa, or if this is produced by the tartar emetic, it should be checked with an occasional dose of opium, or some of the astringent preparations. If the treatment has not been commenced in season, or in case the inflammation cannot be subdued, and the formation of matter is evident, from the condition of the breast, hot poultices should be applied every two or three hours, to assist the suppurative process, and bring the matter forward as speedily as possible. A bread and milk poultice, answers the purpose very well, and if a

little laudanum, or tincture of lobelia is added to it, or the powdered lobelia sprinkled over the surface of the poultice, it will often greatly relieve the pain, and does not interfere with the action of the poultice. If matter is formed near the surface, it is generally as well to let it break of itself; but when deep seated, it is best to lance it, for if left to break of itself, the matter is apt to burrow, forming sinuses or cavities, in different portions of the breast, which form several openings, discharging a long time, to the great annoyance of the patient, and often seriously affecting her general health. Whether the abscess is lanced, or allowed to break of itself, the breast will require poulticing for several days, to encourage the discharge of matter, and when this has continued a sufficient length of time, simple dressings are to be substituted, such as simple cerate, or an ointment made by melting together bees-wax and lard, or apply a cloth smeared with sweet oil, or mutton tallow. If the openings in the breast do not heal up readily, a solution, made by dissolving twenty grains of nitrate of silver, in an ounce of water, and applied to the edges of the ulcer with a camel-hair brush, or a small roll of fine linen, two or three times a week, will assist the healing process. To relieve the pain, and procure sleep, some narcotic will be required, as opium, laudanum, morphine, or Dover powder. If the abscess is small, nursing from the affected breast may sometimes be continued, but when more extensive, and affecting both

breasts, the child should be weaned. The strength must be kept up by a generous diet, with wine, or some of the preparations of iron, and other tonics.

CHAPTER XXXIII.

TURN OF LIFE.

For some thirty years of female life, the ovaries perform their special function, resulting in the phenomenon of menstruation; but when no longer required in the important process for which they were called into being, they cease to act, and menstruation ceases also. After the final cessation of this function, the ovaries and womb decrease in size, and finally assume a condition, similar to that observed in early life, before the age of puberty. The time when the menstrual function ceases, is called the change, or turn of life, and usually occurs about the forty-fifth year; it may, and often does continue until a much later period, many women continuing regular in their menstruation until fifty, some sixty, and in a few anamolous cases, seventy years and upwards; others again, cease to menstruate before they are thirty, without any untoward symptoms; frequently, however, when the change occurs at the most common period, it is preceded, or attended, with considerable dis-

turbance of the system. The previous health of the woman, and her condition at the time the change takes place, affects it more or less. If she is healthy, the courses not unfrequently become gradually less in quantity at each period, and assume a lighter color, until the show ceases altogether, unattended with any particular symptoms; this may be considered the natural or proper course. In other cases there is an interruption or suppression of the courses, for two or three periods at a time; this may occur several times before it finally ceases, or the suppression may continue for a year, and in some cases longer, the show again appearing for a few periods, and then finally ceasing, and in some rare instances, the show has come on when the woman was far advanced in life, she having ceased to menstruate at the usual period.

Leucorrhœa is not uncommon at this period, and some women are subject to it that were free from it previously. In some cases, when the change is about taking place, the patient is subject to frequent attacks of uterine hemorrhage, which is sometimes very profuse, unattended with much pain usually, but producing more or less prostration, from the excessive loss of blood, and if oft repeated, the general health becomes seriously affected. These hemorrhages extend over a period of several years, occurring, in some cases, at each monthly period; or the discharge of blood may continue from one month to another, becoming less in quantity between the periods, and increased again, when the regular pe-

riod arrives. In other cases, there is an intermission of the hemorrhage for several months, or it may not occur more than once or twice before the change is finally accomplished. As the health of the female previous to the second critical period, depends in a great measure, upon the natural and proper commencement of the menstrual function, so are the remaining years of her life, influenced by the mode of its final cessation; any deviation, therefore, from a natural course, should be attended to, as diseases of a serious nature often manifest themselves at this eventful period.

When we take into consideration the fact, that for many years, the system has been subject to a periodical loss of blood, we should not be surprised to find more or less disturbance of the organism, when this discharge finally ceases; or that the complaints to which the female had been subject, during the period of menstrual action, should exert at this time, an unfavorable influence; or that diseases which have lain dormant in the system for years, should now declare themselves. At this period, cancer of the breast and womb are more frequently met with than at any other time; and the healthy performance of the different functions of the organism are also seriously affected, in many cases.

The symptoms arising from the cessation of the menstrual function are numerous, and modified by the mode of its cessation, habits of life, and peculiarities of the constitution. In many cases, the female complains of headache, throbbing of the tem-

ples, flashes of heat, pain in the lower part of the abdomen, back, and other parts of the body, faintness, palpitation of the heart, difficulty of breathing, dizziness, confusion of ideas, and sometimes the mind becomes seriously and permanently affected. Attacks of hysteria, epilepsia, and apoplexia, are not uncommon ; the liver, also, is frequently affected, becoming congested, torpid, or inactive, and as a consequence, the bowels are irregular, sometimes too loose, but more frequently constipated ; piles are also of frequent occurrence. The torpid condition of the liver often induces bilious attacks, a sallow complexion, drowsiness, variable appetite, nausea, and vomiting. The circulating and nervous systems become first affected, hence, the determination of blood to the head, apoplexia, hysteria, nervous headache, and other nervous affections.

If the female is of a full, plethoric habit, bleeding from the arm will be of great advantage, together with active cathartics, exercise in the open air, and a light, unstimulating diet. After evacuating the bowels, they should be kept regular by cooling laxatives, such as epsom salts, sulphur and cream of tartar, citrate of magnesia, and others of this class. If she is subject to nervous attacks, and feels weak and exhausted, the compound spirits of lavender, camphor, ammoniated tincture of valerian, or two or three assafœtida pills, will be of service, together with a more generous diet, with bark and wine, some of the preparations of iron, and other tonics.

To quiet restlessness and procure sleep, the proper remedies should be resorted to, and in all cases, the condition of the bowels require special attention, as no class of remedies produce such favorable results, particularly at this period, as cathartics; bleeding is of decided advantage in many cases, but even this important remedy may frequently be dispensed with, if the bowels are freely evacuated. Not that we expect or advise females to be constantly physicing with violent purgatives, but we wish to impress upon them the importance of keeping up a regular action of the bowels, by the use of remedies capable of accomplishing this result. Much can be done in this respect by dieting; the use of ripe and stewed fruits, and exercise in the open air; which is necessary under any circumstances when the weather is favorable, and the female is in a condition to profit by it. The frequent use of injections, cannot be too highly recommended; in case of hemorrhage, this remedy produces favorable results; if piles exist, they are greatly relieved by them, and in many cases entirely cured; and to relieve the over-loaded condition of the lower bowel, they are preferable to physic. In some cases, active cathartics will be of great service; taken occasionally, as the nature of the case requires, they not only produce a favorable effect from their immediate action on the bowels, but they also relieve the inconvenience and distress arising from the over-loaded condition of the blood-vessels, and sometimes prevent an attack of apo-

plexia, the result generally of too much blood, or imperfect circulation of the vital fluid. The condition of the liver requires attention also, as many cases of obstinate constipation, and irregularity of the bowels, depend upon some abnormal condition of this important organ.

As the cessation of the menstrual function sometimes occupies several years before it is finally accomplished, women generally attribute their complaints at this time, to the change that is working on them, and console themselves with the belief, that when the menstrual function ceases entirely, their difficulties will cease also; and in many cases this does occur as anticipated, but unfortunately, it too frequently happens, that symptoms long complained of, and attributed to the effect of the change, by being neglected, or not understood, finally result in firmly establishing some serious disease.

The change of life, has been aptly termed the second critical period; and it is quite common for women, to look forward to the final cessation of the menstrual function, with more or less apprehension; yet, notwithstanding many females pass through this trying ordeal with great suffering, and not unfrequently fall victims to serious, and sometimes fatal organic diseases, if they are physically prepared for the change, all apprehensions are groundless. On the other hand, if the female has suffered during the former part of her life, from complaints common amongst females at the present day, or the final cessation of the courses occurs unnatural-

ly, or out of the usual course, the case demands serious attention. Not that every deviation from a natural course, or the majority of cases, portend serious abnormal action; yet, in many cases of this description, diseases of a serious nature do occur at this eventful period, and women not unfrequently, are compelled to suffer from the ravages of a disease, which, if rightly understood, and properly treated in season, would have yielded to the treatment. The importance of careful attention to the first appearances of abnormal action, at this most critical period of their lives, cannot be too strong impressed on the minds of females, if they would pass safely through this crisis.

In the preceding chapters of this treatise, we have attempted to describe some of the principal, and most common diseases to which females are subject, with their causes, symptoms, and treatment; believing that a careful study of the different subjects treated of, will enable them, by a timely recourse to proper remedies, to escape much suffering, and pass safely through the trying scenes of life.

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